

COMMENT: ASSESSMENT OF HISTOLOGICAL RESPONSE TO TREATMENT

Sir,

There is a striking lack of therapeutic trials in leprosy compared with other diseases of similar importance and it was encouraging to read the paper by Pattyn *et al.* (*Lepr Rev*, 1990; **61**: 151–6).

As the authors state, there is a particular problem in assessing the response of paucibacillary leprosy to treatment, since one cannot use the fall of the Bacteriological Index (BI) as a measure of outcome. The use of histological resolution as an index of cure is novel and perhaps deserved greater success. However, it should be noted that histological assessment is by its nature subjective and the

failure to demonstrate differences between different therapeutic regimens may owe much to this. Disappearance of histological lesions is difficult to judge and, unlike BI, gives no information about the rate of resolution in the early stages of treatment.

In future therapeutic trials in paucibacillary patients, it would be useful to assess the granuloma fraction (GF), which falls during treatment in both paucibacillary and multibacillary leprosy. The proportion of the dermis occupied by granuloma (GF) can be assessed objectively and with a high degree of reproducibility using simple tracing devices.^{1,2}

The method is easy to use and the equipment is relatively inexpensive. I would be pleased to help other centres set up the necessary equipment or to cooperate with those wishing to run clinical trials.

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References

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- ² Cree IA, Srinivasan T, Krishnan SAR, Gardiner CA, Mehta J, Fisher C, Beck JS. The reproducibility of histology in leprosy lesions. *Int J Lepr*, 1988; **56**: 296–301.