PREVENTION OF PERIPHERAL NERVE DAMAGE IN LEPROSY

Sir.

Peripheral nerve damage is the most important problem in leprosy, leading to the disabilities we are so familiar with. Apart from treatment with corticosteroids during the active phase of neuritis, very little can be done once peripheral nerves are damaged. The only hopeful development at present is a microsurgical technique of nerve decompression pioneered by Dr W J Theuvenet at Anandaban Leprosy Hospital in Nepal.¹

I would like to draw attention to the potential possibility of a medical approach. Recently an article appeared in the *New England Journal of Medicine* describing the positive results of an ACTH (4-9) analogue, Org 2766, in the prevention of cisplatin induced neuropathy in patients treated for ovarian cancer.² Although the exact mechanism is not known, evidence suggests that the presence of melanocortins (such as Org 2766) in nerve tissue may trigger off or facilitate neural repair. Melanocortins have already proved beneficial in rats with crush injuries, cut injuries, diabetic neuropathy, acrylamide neuropathy and cisplatin neuropathy. Org 2766 showed no adverse reactions in humans in the trial described and the authors consider it as promising in the treatment of other forms of neuropathy as well.

At present there is no experience with Org 2766 at all in neuropathy caused by leprosy.³ In view of the potential of this drug, I recommend that full attention is given to it by researchers in the field of leprosy. Every possibility to prevent or treat nerve damage in leprosy is of paramount importance.

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References

¹ Theuvenet W Petal. New boundaries for the indications for nerve decompression. XIII International Leprosy Congress, The Hague, 1988.

² Gerritsen van der Hoop R et al. Prevention of cisplatin neurotoxicity with an ACTH (4-9) analogue in patients with ovarian cancer. New Eng J Med 1990; 322: 89–94.

³ Gispen WH. personal communication.