COMMENT: POSITIVE MITSUDA LEPROMIN REACTION IN LONG-TERM TREATED LEPROMATOUS LEPROSY AND TUBERCULOID RELAPSE IN LEPROMATOUS LEPROSY

Sir,

Regarding the apparent conversion of the late lepromin reaction following long-term therapy as described by Waters, Ridley & Lucas[1] and Waters & Ridley[2] it appears that perhaps owing to the long period of observation, some 30 years or over at the time of diagnoses and first classification, no lepromin readings were reported. Particularly, this refers to patients of group 1[1] classified before 1966 as lepromatous (LL), the year that Ridley–Jopling published their now well-known classification.[3] Therefore some doubt remains on the original classification and on the first lepromin readings. Thus it cannot be excluded with certainty that those 13 patients with 3 mm (doubtful) and 4 mm (one plus positive)[4] lepromin readings already at the time of infection possessed some immunological competence. Still, assuming that at the time of onset of disease these 13 patients were either lepromin negative (0–2 mm) or doubtful (3 mm), experience with the postlepromin test scar (PLS)[5–7] has also shown that negative or smaller lepromin indurations, up to 5 mm, may in 30% of such cases give rise to scar formation, i.e. a patient with a 'negative' or 'weakly positive' lepromin reaction, when assessed by his PLS formation, may have immunological competence.[7] This is regardless of his clinical classification, as can be expected, in most T forms but also in some BL, LLs or even in a few LL forms of the disease.

Once a leprosy patient[7] or a healthy non-leprosy individual[6] has developed a PLS, normally his *immunocompetence* or in its absence, his *immunoincompetence*, will not change unless it can be demonstrated that by means of chemotherapy or immunotherapy the initial PLS absence truly converts into positivity. In this context it would be important to know which of these lepromin converted patients have developed a PLS reading which can never be doubted and remains so for life.

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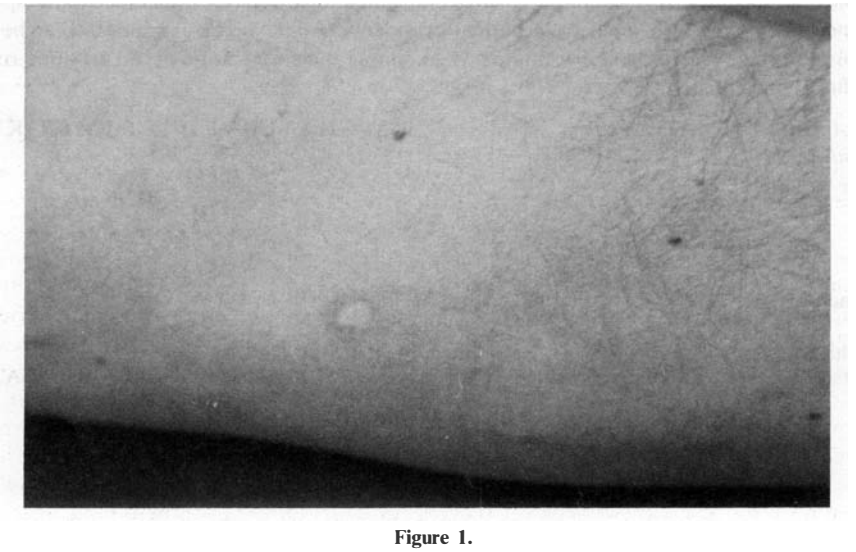

Figure 1.

References

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[3] Ridley DS, Jopling WH. Classification of leprosy according to immunity. *Int J Lepr*, 1966; **34:** 255–73.
[4] Jopling WH, McDougall AC. *Handbook of Leprosy*, 4th ed. Heinemann Professional Publishing, 1988, p. 57.
[5] Walter J, Tamandong CT, Gallego-Carbajosa P, Bechelli LM, Sansarricq H, Kyaw Lwin, Maung Maung Gyi. Note on some observations about the post-lepromin scar. *Lepr Rev*, 1977; **48:** 169–74.
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[7] Walter J. The post-lepromin scar and its significance in the control of HD. *Ind J Lepr*, 1989; **61/3:** 379–86.