EIGHT YEARS OF FOLLOW-UP OF PAUCIBACILLARY PATIENTS TREATED WITH SHORT-COURSE REGIMENS

Sir,

Previously we presented the results of treatment, between 1980 and 1982, of 825 paucibacillary patients in Central Africa with regimens consisting either of a single supervised dose of 1500 mg rifampicin (RMP) followed by 1 year of daily 100 mg dapsone (DDS) (unsupervised) (regimen A) or 10 weekly supervised doses of 900 mg or 600 mg RMP (292 patients) (regimen B).

We have been able to follow many of these patients until early 1990. In the absence of histopathologic cure and when new lesions appeared or old ones reappeared, patients were seen at regular intervals and skin biopsies were examined yearly. Here we report the results of this long term follow-up. Cure was defined by the absence of histopathological signs of leprosy, and relapse as the reappearance of signs of leprosy in a biopsy after the initial histopathological cure.

Cure rate

ZAIRE–RWANDA–BURUNDI

About half of the patients not cured in 1986 were cured later without any further specific treatment:

Patients not cured in 1986	48	
histological cures after 1986		18
no histological cures after 1986		15
patients lost to follow-up		3
patients died		4
patients retreated		8

Thus the final cure rates for the groups considered in the previous paper[1] are:

Accessible patients, −3 lesions, regimen A	100
Accessible patients, +3 lesions, regimen A	94·6
Accessible patients, −3 lesions, regimen B	100
Accessible patients, +3 lesions, regimen B	99·3
Inaccessible patients (regimen A)	96·5

Comores

Of the 12 patients not cured in 1986, 3 died subsequently and 9 others were cured.

Relapses (Table 1)

Table 1. The number of relapses

	n	Patient (yr)	Number before 1986	Number after 1986	rate
Zaire–Rwanda–Burundi					
Acc −3 1 A	39	166	1	1	0·6
Acc +3 1 A	106	555	5	8	1·4
Acc −3 1 B	48	202	2	2	0·9
Acc +3 1 B	108	440	4	5	1·1
Inacc A	109	426	8	11	2·6
Comores					
−3 1 B com	159	539	1	2	0·4
+3 1 B com	133	450	0	4	0·9

Whenever there was any doubt between relapse and (late) reversal reaction, a case was categorized as relapsed, so the figures represent the worst.

Although the differences between the groups are not statistically significant, the patients with less than 3 lesions seem less likely to relapse and the inaccessible patients, who may have been the worst treatment compliers, present more relapses.

Table 2 presents the time of occurrence of relapses in years after cure.

The frequency of relapse diminished from year to year, and more than half appeared within the first 2 years. The results show that all three regimens studied are efficient both in terms of cure and relapse rates. However, 15·9% of patients were cured only 2 or more years after the end of therapy, and although the development between dermatology and histology is not always completely parallel, these long delays are not readily accepted by many patients, paramedical workers and even physicians. Thus the search for efficient short course paucibacillary regimens needs to be continued.

Table 2

Years after cure	Number	Cumulative (%)
1	12	36·4
2	8	60·6
3	5	75·6
4	5	90·1
5	0	90·1
6	3	100

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Reference

[1] Pattyn SR, Groenen G, Bourland J, Grillone S, Janssens L. A controlled trial in paucibacillary leprosy comparing a single dose of rifampicin followed by one year of daily dapsone with 10 weekly doses of rifampicin. *Lepr Rev*, 1987, **58:** 349–358.