

**COMMENT: 'IMMUNOLOGICAL UPGRADING WITH COMBINED IMMUNOTHERAPY AND CHEMOTHERAPY IN A LEPROMATOUS LEPROSY PATIENT: A CASE REPORT'**

Sir,

The above article, which was published in *Lepr Rev* (1991), **62**, 297–302, is intriguing. However, we feel that there are some points that should be discussed to avoid any possible misunderstandings.

Skin test conversion responses to killed vaccines prepared from cultivable mycobacteria, namely *Mycobacterium avium* (the 'ICRC' bacillus and *Mycobacterium w*) are well conceived,<sup>1,2</sup> but have not been conclusively proved in experimental animals.<sup>3</sup> Such a conversion may also occur through:

1, multidrug therapy (MDT);<sup>4,5</sup> 2, repeated lepromin testing;<sup>6</sup> 3, spontaneous upgrading; and 4, injection of cytokines *per se*<sup>7,8</sup> or antigenic challenges that induce cytokine activation. More significantly, it has been documented that delayed-type hypersensitivity may not parallel specific immunity in mycobacterial infections.<sup>9,10</sup> Hypersensitivity and protective immunity may be directed towards separate mycobacterial antigens.<sup>11</sup> These factors were not focused upon in the article. It is, therefore, imperative to enlarge the study, keeping in view the 3 groups, namely MDT alone, MDT and vaccine, and vaccine alone. Also these groups should be interchanged during trials. The findings in the present case should, therefore, be viewed with caution. We look forward with keen anticipation to the publication of the conclusive results of the study being undertaken by the authors.

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## References

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