

PROMIZOLE TREATMENT OF LEPROSY

(A Progress Report) *

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There is reprinted in this issue of the JOURNAL a preliminary report on promizole treatment of leprosy at the National Leprosarium which appeared in the Public Health Reports, June 28, 1946, (1).

Promizole has been used in the treatment of lepromatous leprosy as a clinical trial over a period of two and one-half years. In evaluating its efficacy it is considered that it exhibits a therapeutic action comparable to those of promin and diasone. Although slightly less toxic than these sulfones, it does not seem to present any definite advantages in the routine treatment of leprosy other than the quality of being well tolerated orally, a quality which it shares with diasone.

Early in the clinical evaluation of promizole (1) it was thought that improvement in some patients occurred more rapidly with its use than with that of other sulfones. Subsequent experiences with promin and diasone have shown equally as rapid clinical improvement as that reported from promizole.

It would appear then that the only advantage of promizole over other sulfones lies in its reported lower toxicity. This possible advantage, however, is more apparent than real, for the daily requirement of promizole for therapeutic effects is at least six to eight times that of other sulfones administered orally. A steady diet of from 12 to 18 tablets per day over an extended period of time, as is necessary in promizole therapy, leads to unpalatability and distastefulness. The patient sometimes fails to make himself take the adequate doses of the drug necessary for beneficial effects. In addition, promizole in some instances causes a cherry red dye to be excreted in the urine. This causes concern even if the patient is forewarned that there is no associated danger. It is also difficult to understand and sometimes embarrassing to the patient. Anemia, allergic dermatitis, and gastric intolerance have not been found sufficiently less in evidence to give promizole any particular advantage over other sulfones. Finally, the manufacturer's report

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(2) that promizole is synthesized with much difficulty and expense must be regarded as a definite disadvantage in so far as making promizole a practical treatment for leprosy.

In view of the above mentioned difficulties and the fact that promizole does not appear to present any special advantages over other sulfones in the treatment of leprosy, our present inclination is not to extend use of this drug beyond the consumption of the present supply of the drug.

As far as statistics are concerned a total of 25 patients have been initiated on promizole treatment. As these patients were started on treatment at three different intervals, for the purpose of discussion they may be divided into 3 groups based on the length of treatment. At present only 15 of these 25 patients are under treatment with promizole.

The first or the original group begun on promizole treatment constituted the main subject matter of the preliminary report. At the time of that report 7 of this original group of 11 patients had been under treatment for one year. Now (November 1, 1947) these 7 patients have been under treatment for two and one-half years. Recently, 2 of these 7 have discontinued promizole and are receiving other sulfones. It was necessary to resort to other sulfones for these patients because of the development of a marked aversion for promizole. Clinical improvement has continued in all these patients, except the two transferred to other sulfones. Since the first report (1) 2 patients have developed and are now showing negative bacterioscopy.

The second group begun on promizole included 8 patients. This group was also mentioned in the preliminary report as showing some clinical improvement. At present 5 of this group of 8 patients have been under treatment for one and one-half years and have shown progressive clinical improvement. One patient is showing negative bacterioscopy. Discontinuance of medication in 3 patients was not incidental to the drug; 1 absconded from the institution after having shown marked clinical improvement, and the other 2 died of chronic nephritis being beyond medical aid when the drug was commenced.

The third group included 6 patients. At present 5 of these have been under treatment for slightly over one year. All are still positive bacterioscopically. The sixth patient of this series died of cirrhosis of the liver.

REFERENCES

- (1) FAGET, G. H., POGGE, R. C., and JOHANSEN, F. A. Promizole treatment of leprosy. Pub. Health Reports. 61 (1946) 957-960.
- (2) SHARP, E. A. Personal communication. August 7, 1946.

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