

## 5466 "PSEUDOEXACERBATION" AND "BORDERLINE" CASES

TO THE EDITOR:

I have read the article of de Souza Lima and Rath de Souza on pseudoexacerbation of leprosy [THE JOURNAL 17 (1949) 19-21] with much interest. My own observations among Filipino patients are quite similar to the experience of these Brazilian workers, with regard to their findings on pseudoexacerbation and also the onset and development of reactive tuberculoid lesions. Even the greater part of their interpretation of the findings are in fairly close agreement with our own conclusions, which have been arrived at independently.

We have been following for years some "borderline" (or "intermediate" or "doubtful") cases which had developed some of the typical characteristics of the lepromatous type, such as reversal of a previously positive Mitsuda reaction, diffuse infiltration of the earlobes, and occurrence of mild but typical lepromatous lepra reaction. In such cases, however, some reminiscence of their part-tuberculoid nature is manifested clinically by the persistence of well-delimited macules, papules or nodules, which may be conspicuous and easily recognized or minimal and vestigial.

In my experience, these are the cases which are liable to develop pseudoexacerbations under sulfone treatment. These drugs seem to have the capacity of stirring up and reactivating the tuberculoid portion of the dual nature of these cases. It is possible that they do have the faculty of stimulating the reticuloendothelial system, as stated by the authors. If so, it should not be too difficult to prove this point more directly. Oftentimes, this development leads to improvement of *all* the lesions.

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