

CORRESPONDENCE

This department is provided for the publication of informal communications which are of interest because they are informative or stimulating, and for the discussion of controversial matters.

469 6 ALLERGIC REACTIONS TO SULFONES

TO THE EDITOR:

I wonder whether, through THE JOURNAL, I can obtain any information about allergic reactions during the use of diasone. My own library was destroyed in the fighting in China and I have few books now to which I can refer. The following case has been under my care for the past few months and is the only one of its kind which I have seen.

S. W., a Chinese woman, aged 23. Father suffers from leprosy and is an inmate of this institution. For 10 years the patient has been suffering from the disease in a very mild form, entered in my records as L1, N1. No facial paralysis, no alopecia. Nose, ears and eyes normal. Some induration of skin of face. Left ulnar nerve enlarged and tender; wasting of muscles of left hand without contracture of fingers; anesthesia left forearm and hand. Smears from the nose and ear, 1+; skin, 2+.

When I took over, eight months ago, I was told that the patient could not take diasone. Being rather skeptical I ordered one tablet daily. Three hours after she had taken the first one I saw the patient with swelling and redness of face and body, and a temperature of 102°F. After waiting a few weeks I gave the patient one tablet of sulphetrone. Two hours later there was itching of the hands and face, followed by redness and swelling of the face, nausea and vomiting, and increase of temperature to 101°F.

The general condition of the patient after this second dose was greatly improved. In particular, the ulnar nerve was less swollen and had lost all tenderness. Indeed the improvement was so marked that, despite the unpleasant immediate symptoms, the woman was constantly asking for another dose. I have repeated the dose monthly now for eight months, sometimes sulphetrone, sometimes diasone. The symptoms on each occasion have been flushing, headache, nausea and edema of the skin, with a rise of 3 or 4 degrees in temperature and an increase of about 30 in pulse frequency. Her general condition, however, has improved greatly; she looks and feels well, and the bacteriological findings have become almost negative. Furthermore, it looks as if she were becoming desensitized, for it now requires two tablets to cause as severe a reaction as one caused before.

The question that interests me is whether such allergic reac-

tions with the sulfone drugs are often met with, and whether further treatment is desirable.

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[Any reply to or comment on Dr. Maxwell's inquiry would best be addressed to THE JOURNAL at Culion, where it will be copied for publication and forwarded to the inquirer.—EDITOR.]