

## 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.*

### SPONTANEOUS DISAPPEARANCE OF SKIN LESIONS; POSITIVE SMEARS WITHOUT LESIONS

*(Questions for a Symposium)*

TO THE EDITOR:

I am puzzled by the question of children with hypopigmented patches that disappear, and also of persons without any clinical signs of leprosy but with positive smears from the skin or nasal mucous membrane, or both.

1. The children referred to are family contacts, and have certainly been exposed to the influence of the Hansen bacillus. The lesions are not clearly anesthetic, but their shape and persistence are somehow characteristic. Repeated search for bacilli has given negative results except in one case, in which only rarely was a bacilli found. Some of these children have reacted strongly to lepromin, and reaction lesions that were biopsied after three weeks showed a picture clearly resembling tuberculoid leprosy; e.g., in one of the slides the infiltration was arranged around a cutaneous nerve, as in tuberculoid lesions. The patches themselves, however, on histological examination revealed nothing at all suggestive of leprosy.

Question: What is the importance of impermanent hypopigmented patches in bacteriologically negative contacts (children) of leprosy patients? Do they represent an early clinical manifestation of the disease? Does their disappearance mean a spontaneous cure, or may the disease reappear after a latent period?

2. The further problem, as said, has to do with other family contacts who were found to be without any clinical signs of the disease but with positive smears. These persons I put under treatment, although it could be objected that since there were no visible lesions they, too, might clear up spontaneously.

Question: Should contacts without any clinical signs of the disease but with bacteriologically positive smears be regarded as leprosy patients and be given treatment as such, or should they be dealt with on the assumption that the bacilli may disappear spontaneously?

I understand how difficult it is to answer these questions scientifically, but I believe that the opinions of leprologists who have had experience with such cases would be valuable. I shall therefore be glad if they may be made the subject of a symposium by correspondence.

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[NOTE: A note on this letter appears in the Editorial section of this issue. The reader is invited to turn to that, and to act on it.—EDITOR.]