

SPONTANEOUS DISAPPEARANCE OF SKIN LESIONS;
POSITIVE SMEARS WITHOUT LESIONS
(Continued)

TO THE EDITOR:

I have read with the greatest interest the inquiries of Dr. Sagher and the replies to his question [THE JOURNAL 23 (1955) 73; 197-205; 320-323], and I would like to give my opinion on the matter. Although I am not an authority, it struck me on reading the clear and concise replies of Drs. Souza Lima and Souza Campos that my views are entirely in accord with theirs.

In the first place, it seems somewhat contradictory that lepromin-positive children do not exhibit in the supposed hypochromic spots any leprous structure, if we admit the theory of Desai; but it must be understood that this has not been proved or even accepted. On the contrary, it has been sufficiently demonstrated that children or adults, whether in

contact with leprosy cases or living in nonendemic surroundings, may equally give positive lepromin reactions without signifying in any way a primary leprosy infection, since it would be absurd to claim infection in the latter circumstances. Furthermore, the theory of crossed immunity with tuberculosis seems to find no place in the Bombay school of thought.

With respect to the nature of the spontaneously disappearing hypochromic spots in contacts, it must be recognized that they are often not leprids but pityriasis alba. This affection is common in our children where the white or swarthy color of the skin does not give enough contrast to cause the parents to bring them for medical attention. It seems logical that this mild affection, which had nothing to do with leprosy, increases its apparent prevalence in children of darker races. It is to be supposed that pityriasis alba will be found in contacts as well as non-contact children, and that the careful examination which for obvious reasons is made in the former, with their histories of contact, leads to the suspicion of something more serious than a common, perhaps occult, streptococcic infection. These dyschromias heal spontaneously at a certain age, or after appropriate local treatment. I do not see how they can be interpreted as leprids without bacteriological and histamin tests, or histopathological examination. We cannot affirm that the spots referred to by the authors are pityriasis alba, for such cases should be demonstrated and discussed personally and not by means of correspondence. Here lies in part the possible futility of this discussion, for none of those who replied to the inquiry knows by means of visual observation the exact appearance of the lesions described by Sagher. Finally, I wish to say that I am not aware that hypochromic leprids heal spontaneously, and if they do so we must have strong confirmation of their nature to admit the phenomenon.

With respect to the second question of Sagher, it seems to me difficult to admit that there are healthy carriers of bacilli, especially in the nasal mucosa. If they are leprosy bacilli, they cannot come from the surface of the mucosa, where we know they could not live, but from the tissue itself in their normal habitat, the histiocytes. If there should exist a lepromatous infiltrate, the individual would be an "inapparent case" and not a "healthy carrier."

The same is to be said of skin lesions. Either the bacillus is not *M. leprae*, but rather a superficial saprophyte, or if it is the leprosy bacillus the bearer is an "inapparent case," probably with a pure diffuse form or with leprous roseola in a patient with dark skin. Sagher says nothing about the histopathology of the site, mucosa or skin, where these bacilli were found, and it would be important to know when he speaks of "cases with bacteriologically positive findings but without clinical lesions" if he includes in the "clinical" absence of lesions a histological absence of leprosy.

I would also like to know if the authors who systematically examine

contacts by bacteriological means have made the examinations according to a planned scheme of the Carville type, or if they did so in skin areas which, for some reason at that moment, they considered "suspicious" of containing bacilli.

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