ACTIVATION OF LEPROSY ASSOCIATED WITH ACTH AND CORTISONE TREATMENT

When word was received, from Dr. J. A. Doull, of a case of leprosy seen in St. Louis, Mo., whose lesions were said to have been aggravated during a period when ACTH or cortisone was being administered, inquiry about the case was made of Dr. Carl C. Harford, of the Department of Medicine, Washington University School of Medicine, St. Louis, who was known to be interested in it. This has elicited the following note, which is deemed of interest.

Heretofore, to our knowledge, the systemic use of these hormones in leprosy cases has been limited to short-term administration for the control of reactional phenomena. This case is unique in that the hormones were given for an arthritic condition associated with a rash, apparently for a relatively long period, during which—judging from the description—lepra reaction supervened and the skin eruption was greatly aggravated, after which the patient appeared at the hospital where the nature of the condition was recognized. It is this apparent anomaly in the effects of the hormones that makes this case of special interest.

Presumably the word of caution in the last paragraph of the communication refers to the use of the hormones in leprosy cases during the ordinary quiescent phase of the disease. The writer could hardly have had in mind the treatment of ordinary reactional conditions for which various workers have found the hormones useful.—EDITOR.

TO THE EDITOR:

Several physicians have suggested that THE JOURNAL should be informed about a patient seen recently at Barnes Hospital, St. Louis, whose case might warrant some comment for the correspondence section. We are reluctant to make a longer or more formal report of the effect of ACTH and hydro cortisone (Cortef) on the course of leprosy in this case, since it has not been possible to find out from the patient's former physician just how much of these compounds were administered, or for how long a period, or what he observed their effects to be. For the history it has therefore been necessary to depend entirely upon the patient herself, and consequently the evidence is scanty.

The patient, white female, 71 years of age, was admitted to Barnes Hospital on November 28, 1955. The only thing in the past history of possible significance

is that for the first 20 years of her life she lived in San Antonio, Texas, and then for 25 years in Galveston. Since then she has lived in Chicago and elsewhere in Illinois.

About 18 months before admission she had noted a rash on both arms, which consisted of small red lesions which the patient called "horns," "little pointed knols." These cleared spontaneously within a short time without specific treatment. About eight months before admission a friend noted some reddish flat spots on the patient's back.

At about this time she was started on ACTH and Cortef therapy for the rash and a troublesome arthritis of the knees. She stated that this treatment was continued for several months. She also apparently received pyribenzamine, salicylates, Serpasil, and rheumatoid streptococcic vaccine. During this period of therapy she noted that the reddish patches spread from her back over the rest of her trunk, arms, and thighs. Her nasal passage also became quite congested.

The patient came to the Washington University Clinics in November, 1955 because of an increase in the rash. At that time there was a maculosquamous nodular eruption of a yellowish-brown to dull red color involving her trunk, shoulders, hips and thighs. The face was fiery red, and there was a squamous eruption on her hands, legs and feet. There were many areas of anesthesia and hypoesthesia. A skin biopsy revealed typical lepromatous leprosy, extremely numerous acid-fast bacilli and cells containing lipid droplets. The lepromin skin test gave negative results.

The patient was admitted to Barnes Hospital and placed on diasone and streptomycin therapy. In January 1956 she was transferred to the federal leprosarium at Carville, Louisiana. By that time there had been some fading of the erythematous, plaque-like skin lesions, but there nevertheless had developed a painless ulcer of the right foot, after about five weeks of therapy.

This case raises the question of the possible adverse effects of prolonged or even fairly short courses of ACTH and adrenocorticosteroid therapy on leprosy. The patient felt that her condition grew steadily worse on these drugs. Unfortunately, it has not been possible to determine how much of them she received or for how long. It is also to be emphasized that the patient was not very reliable in giving her history. Nevertheless, the information may suggest the need for caution in the prolonged use of ACTH or adrenocorticosteroids in patients with leprosy, particularly of the lepromatous form.

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