

CORRESPONDENCE

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THE HISTAMINE REACTION IN MERALGIA PARESTHETICA

TO THE EDITOR:

Studying cases of meralgia paresthetica, or Bernhardt-Roth syndrome, which as we know is a neuritis of the femoral cutaneous nerve characterized by paresthesia and anesthesia of the anteroexternal surface of the thigh in the lower two thirds, I was surprised by the constancy with which the triple reaction of Lewis to histamine is incomplete in the affected area. In other words, as I have recently written [*Revista Argentina de Dermatosifilologia* **41** (1957) 249], the phenomenon seen in leprosy is reproduced. The problem is interesting because several of the cases studied were from leprosy foci and were sent to us by general practitioners for examination to rule out leprosy.

In spite of sometimes prolonged observation of the patients we have not been able to implicate leprosy infection to explain the absence of the reflex halo except in only one of the eight cases studied, and that only because the man worked in a leprosy colony. In the others we were not able to tell the exact cause.

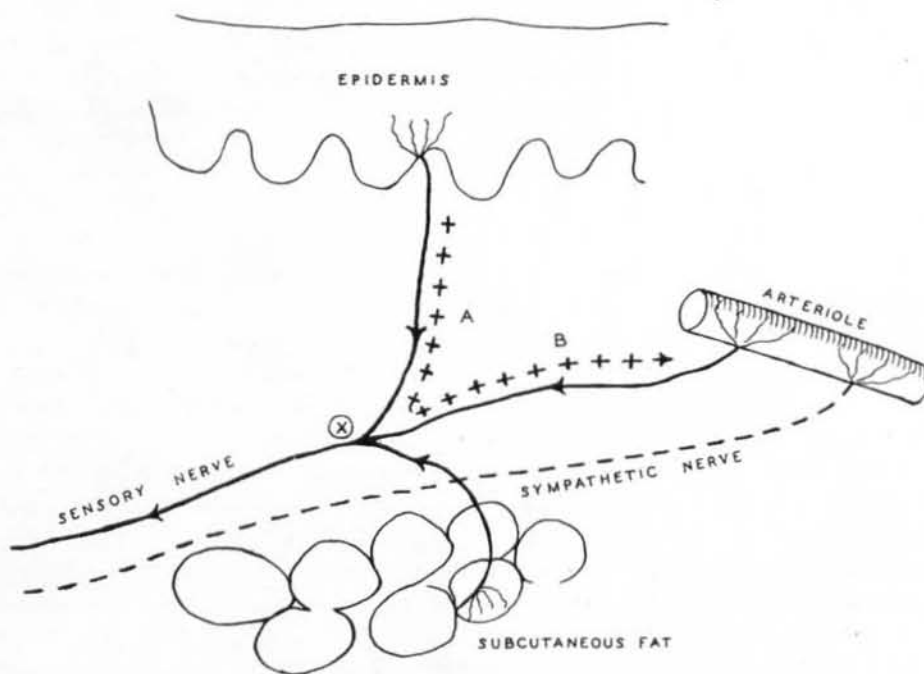
According to Lewis, as cited in available texts, to abolish the reflex halo there must be damage of the nerve branches of the affected skin area, as shown in the accompanying diagram which illustrates Lewis' theory of the ameboid halo in the histamine reaction. This condition can occur only in leprosy, or in skin locally affected by trauma.

The arterioles are innervated by sympathetic fibers and by sensory fibers. The latter give collaterals to the skin, the neighboring adipose tissue, and the Vater-Paccini corpuscles. In the axonic reflex the nerve impulse, when the skin is stimulated with histamine, is transmitted in its normal direction from the point of excitation to the bifurcation of the nerve (point X), and from there it turns by the antidromic route to the blood vessel, thereby producing vasodilation. A characteristic of this reflex is that no cells are interposed in its arc.

In the following table are shown the most salient features of the cases studied. All but one were males. In all instances the condition was unilateral, and the Lewis histamine reaction was incomplete. There was no known antecedent etiological factor in any case, except that in one there had been local trauma. No evidence of leprosy was seen in any of these patients during the periods of observation.

* Eight cases of meralgia paresthetica studied.

Case (No., sex and age)	Biopsy of anesthetic skin	Residence in endemic area	Period of observation	Results of thiamine treatment
1. F, 33	—	None	6 months	Cured
2. M, 41	Normal	None	1 year	Not cured
3. M, 24	Normal	14 years in Chaco	10 years	Not cured
4. M, 40	Normal	2 yrs Chaco 4 yrs in Corrientes	2 months	Not cured
5. M, 43	—	Lives in Chaco	4 years	Not treated
6. M, 36	Normal	None	3 years	Not cured
7. M, 39	—	None	1 year	Cured
8. M, 26	—	Works in leprosarium	10 years	Cured



The row of plus (+) signs indicates the axonic reflex in the histamine reaction, branch (a) being the normal direction of the sensory impulse, and the branch (b) being the antidromic reflex.

It would be of interest to me to know the opinions of leprologists, neurologists and physiologists who have experience in this field.

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