CORRESPONDENCE

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REACTION IN ARRESTED LEPROMATOUS CASES AFTER BCG VACCINATION

TO THE EDITOR:

In an attempt to obtain conversion to positivity of the lepromin reaction in recovered lepromatous cases, I vaccinated with BCG a group of 36 sulfone-treated patients whose disease was apparently arrested, clinically and bacteriologically. In two of them, who had correctly continued the sulfone treatment, there appeared 1 and 4 months respectively after BCG vaccination a rapidly developing flare-up. This consisted of a number of round spots (*manchas*) of rosy or rosy-cyanotic color, disseminated over the trunk and extremities, all of which were bacteriologically negative. In another two patients of the same group, who had had only one year of treatment and whose cutaneous lesions had become bacteriologically negative and disappeared, the BCG vaccination likewise reactivated the disease, but the acute spots, many of them urticarial, were accompanied by a dissemination of very small lepromas.

Admitting as correct the results of the bacteriological examinations (Carville style), which in all of these cases were negative before vaccination, these reactions prove the persistence of *M. leprae* in inapparent visceral, neural or cutaneous foci, and justify the cautious position of certain leprologists when they discuss (and the matter is much discussed!) the criteria of definitive discharge.

With respect to the phenomenon described—which does not negate the value of BCG—it is desirable to know if it has statistical significance, or if it can be counted among the possibilities of nonspecific reactivation that may be due to various causes. It is important to note that all of the reactivated patients were classified when admitted as indeterminate or mild lepromatous (L_1).

As a complementary observation, of significance opposite to that of the phenomenon described, I noted a reactivation of the circinate macules in a Mitsuda-negative old man with residual neural changes of "incharacteristic" histological structure. The reactivation was accompanied by frank positivization of the Mitsuda reaction. The macules, bacteriologically negative, rapidly subsided under cortisone treatment. This patient, therefore, was benefited by the vaccination.

This note does not refer to the reactivations (or, better, reactions) which the first doses of BCG may precipitate in active lepromatous cases.

In summary, I wish to ask the following questions:

1. Have other investigators observed reactions of the type described, after BCG vaccination of negative lepromatous patients?

2. Is the attempt to convert by BCG vaccination the lepromin reactivity, in apparently residual lepromatous cases, justified in view of the risk of reactivating the disease?

3. Is it advisable (*a*) to leave a negative lepromatous case in "status quo" of apparent cure, continuing the sulfone treatment indefinitely or until there is definite spontaneous change of the Mitsuda reactivity, or (*b*) on the other hand should an attempt be made, at some time, to certify its cur by some means of reactivation?

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