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.

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 (manchets) 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 (Ia).

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 cure by some means of reactivation?

E. D. L. Jonquères
Dispensario Central de Dermatología
Buenos Aires, Argentina

REGARDING THE ARTICLE “LEPROSY AND TUBERCULOSIS”
OF KOOLJ AND RUTGERS

To the Editor:

In an article entitled “Leprosy and tuberculosis” published in The Journal last year [26 (1958) 24-41], Koolj and Rutgers ended their conclusions with the following statement: “With skin tests with killed and living bovine tubercle bacilli (BCG), we could not confirm the observations of Chaussinand that patients with tuberculoid leprosy always showed positive skin reactions to killed tubercle bacilli even if the tuberculin reactions are negative.” Now, I have never stated that all tuberculoid patients react positively to the injection of an antigen prepared with tubercle bacilli. Instead, I have recently written in The Journal [25 (1957) 367], in an article on the theory of antagonism between tuberculosis and leprosy, as follows (translated): “The results of the Mitsuda test should be compared with those of a test made with an antigen consisting of heat-killed Koch bacilli, and not with the results of the tuberculin test. It will then be found that most of the subjects sensitive to lepromin react to the Koch-bacillus antigen even when they are not sensitive to tuberculin.”

It is evident that in leprosy there cannot be parallergy to the Koch bacillus without allergy to the bacillus of Hansen. Thus, excluding the existence of a concomitant tuberculous infection, only those leprosy cases allergic to the Hansen bacillus, which is to say Mitsuda positive, are likely to show a state of parallergy to the Koch bacillus. On the other hand, the intensity of this parallergic reaction will depend, to a