

## CORRESPONDENCE

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### REVERSAL REACTION IN LEPROMATOUS LEPROSY

TO THE EDITOR:

Regarding the paucity of reports on the reversal reaction in the literature outside of Japan [see the article by Chambon and associates, pp. 239-248 in this issue], it is possible that a racial factor plays a role in its occurrence. It is a fact that in South Viet Nam I have observed many more borderline cases and cases difficult to classify than I did in Africa. The results of Rollier in Morocco with D-cycloserine are not comparable with ours, for they did not see the reversal condition, only ordinary reactions and they usually not severe.

It is correct that in the acute stage of the reversal reaction as we have seen it the lesions resemble those of the eruptive tuberculoid reaction, which Japanese workers have called "*akuter Schub*," and not those of the "reactivation" reaction in established tuberculoid leprosy. The lesions therefore do not have the classical tuberculoid aspect, and their nature may not be recognized unless one has the "*akuter Schub*" condition in mind.

It is in the course of the regressive phase of the reversal reaction that, in our experience, the cutaneous lesions (diffuse infiltrations, infiltrated plaques, and nodules) tend to assume the tuberculoid aspect and the cases tend to evolve toward the benign polar type. Clinically the borders of the lesions become more clear-cut, and in general they have the appearance seen in regressive tuberculoid cases; occasionally resolution begins centrally, as is the rule in ordinary torpid tuberculoid lesions that are spreading centrifugally, although as stated in our article that condition is transitory, and usually resolution begins at the margin. It is the histologic aspect that is the more decisive, i.e., a follicular structure with the presence of foci of epithelioid cells.

The clinical change to the tuberculoid aspect is transitory, and its occurrence is not obligatory in order to arrive at the ultimate stage of the solution, i.e., total disappearance of the lesions, or cicatrization of the lesions with, histologically, the presence of discrete, nonspecific, infiltrates of lymphoid cells and histiocytes.

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