

LEPROSY AND THE CORTICOSTEROIDS

TO THE EDITOR:

Under the caption "Activation of Leprosy Associated with ACTH and Cortisone Treatment" there was published in THE JOURNAL [24 (1956) 476-477] a letter from Dr. David E. Morton of Detroit reporting a case of lepromatous leprosy in which the disease was supposed to have worsened during ACTH and Cortef therapy. Morton pointed out that facts concerning the duration and amounts of such therapy were not well established, and that his purpose in reporting the case was

only to "suggest the need for caution in the prolonged use of ACTH or adrenocorticosteroids in patients with leprosy, particularly of the lepromatous form."

Dr. James A. Doull, medical director, Leonard Wood Memorial was unable to convince himself from the report that the hormone therapy had anything to do with the worsening of the disease. But this being a question impossible to answer he followed up in November 1959 with an inquiry addressed to me as to the subsequent history of this patient. The following is my reply of December 11, 1959, to him.

This patient, a 71-year-old white female, was admitted to Barnes Hospital in St. Louis on Nov. 28, 1955, and to Carville on Jan. 10, 1956. According to her history she was born in San Antonio, Texas, where she lived for twenty years. She subsequently moved to Galveston, Texas, where she lived for six years. She then moved to Chicago and later to East St. Louis, Illinois, except for a brief interval when she returned to Galveston for a period of two or three years' residence around 1936. Her last visit to Texas was approximately 13 years prior to admission to Carville, or about 1943.

Patient states that during early 1954 she had an outbreak of "little red horns" over the anterior surface on both arms. These "horns" did not itch or bleed, and they disappeared spontaneously within two or three months. At the same time she noted bluish spots on her legs and a somewhat "pig-skin" texture of the skin of her legs. She also had "stuffy nose" at approximately the same time. Later a friend told her she had a rash of reddish brown discoloration over her back. This rash did not trouble her at first, but it gradually spread over her entire body, including her arms and face. On her own initiative she consulted the dermatology clinic at Washington University Medical School in St. Louis, where skin biopsies showed histopathology characteristic of the lepromatous type of leprosy.

It is of interest that the patient admitted arthritic symptoms in her ankles and knees for 15 years prior to her admission to Carville. From 1951 through 1955 a local physician in East St. Louis, Illinois, treated her with arthritic "shots." These were believed to have been cortisone, hydrocortisone and ACTH. She received these injections twice a month for four years. They were stopped in November 1955. Six weeks prior to admission here she received injections of streptomycin 1 gm. b.i.w.

After her admission she was placed on Diasone 0.33 gm. twice a day. Later this dosage was reduced to one tablet daily. She adjusted well to the hospital routine and, in our opinion, has done quite well throughout her entire period of hospitalization considering her age. She had a mild reactive episode during March 1959, which responded very satisfactorily to Prednisone. Her skin tests for bacilli, however, still remain positive, although while bacilli were "numerous" upon admission, now they are only "few" or "rare."

It has been our experience that cortisone and corticotropin drugs have a place in the treatment of reactive episodes in leprosy, especially in those cases where the response to stibophen (Fuadin) is poor. The hormone therapy has shown its greatest usefulness in leprosy neuritis. No serious complications have occurred here from its use, but with the higher doses and when given over relatively long periods of time, it is necessary to control electrolyte and water disturbances. We have seen no evidence of aggravation of leprosy when these hormones are used in short courses for the suppression of the acute reaction, or for prevention of severe nerve damage before irreversible changes have occurred.

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