MORE ABOUT THE LATE LEPROMIN REACTION IN SUBSIDED LEPROMATOUS CASES

To the Editor:

The article of Mukerjee and Kundu in The Journal [**29** (1961) 14-19], in which they quoted us (Fiol *et al.*) as having reported the positivization of the Mitsuda reaction in nearly 10 per cent of 125 patients which were treated with Promin for over a year, gives me the opportunity of saying something else about this subject. We have now the impression that these changes from negative to positive, which were not maintained, were not in correspondence with the development of a useful immunological state. But since 1957 we have seen subsided lepromatous cases in which, after many years of sulfone treatment, preceded or not by chaulmoogra, the late lepromin reaction changed to positive, both clinically and histologically. We have registered 10 such cases

Case No.	Age and sex	Admission				Treatment[a]	Negative since[b]	Mitsuda biopsy[c]		Observations
		Year	Diagnosis	Bacilli	Mitsuda			Date/ grade	Histopathology[d]	
1	F/73	1931	L2	2+	—	Ch 24 yr Su 3 yr	1958	1959 1+	Tbd. gran. w/o giant cells. Fig. 3	Still free from lesions; continues treatment
2	F/54	1942	L2	2+	—	Ch 4 yr Su 6 yr	1953	1953 1+	Tbd. gran. w/- giant cells; some foamy cells	No lesions until 1955; no further follow-up
3	F/46	1943	L2	1+	—	Ch 9 yr Su 9 yr	1958	1959 1+	Tbd. gran., few giant cells	Still free from lesions; continues treatment
4	F/40	1946	L2	2+	—	Su 9 yr	1958	1959 1+	Tbd. gran. w/o giant cells	Still free from lesions; continues treatment
5	F/56	1946	L3	2+	—	Su 11 yr	1954	1957 1+	Tbd. gran. w/- giant cells; central abscess; Figs. 5 and 6	Last Mitsuda positivity 1960; weakly B+ since then. Treatment regular
6	M/55	1946	L1	2+	—	Su 12 yr	1948	1958 2+ (8 mm.)	Tbd. gran. w/- giant cells; Fig. 2	Continues treatment; BCG, 1954, w/o effect on lepromin reaction
7	F/40	1948	L3	3+	—	Su 11 yr	1957	1959 1+	Tbd. gran. w/- giant cells	Mitsuda still positive
8	M/49	1949	L3	3+	—	Su 12 yr	1961	1961 1+	Tbd. gran. w/- giant cells; a few foamy cells w/- acid-fast debris	Continues treatment
9	M/34	1950	L2	1+	—	Su 11 yr	1956	1960 1+	Epithelioid gran. w/- central abscess. Foreign-body giant cells	Still free from lesions; continues treatment
10	M/59	1955	L2	3+	—	Su 6 yr	[e]	1961 2+ (8 mm.)	Histiolymphocytoid nodule, w/o giant cells; nearby foamy cells w/- acid-fast granules; Fig. 2	This Mitsuda specimen was considered negative by the pathologist

[a]Ch: chaulmoogra. Su: sulfones.
[b]Bacteriologic negativity, Carville method of examination.
[c]Fernandez reactions positive in all cases except No. 1.
[d]Tbd. gran.: tuberculoid granuloma.
[e]This case, although clinically clean, was persistently but weakly bacteriologically positive.

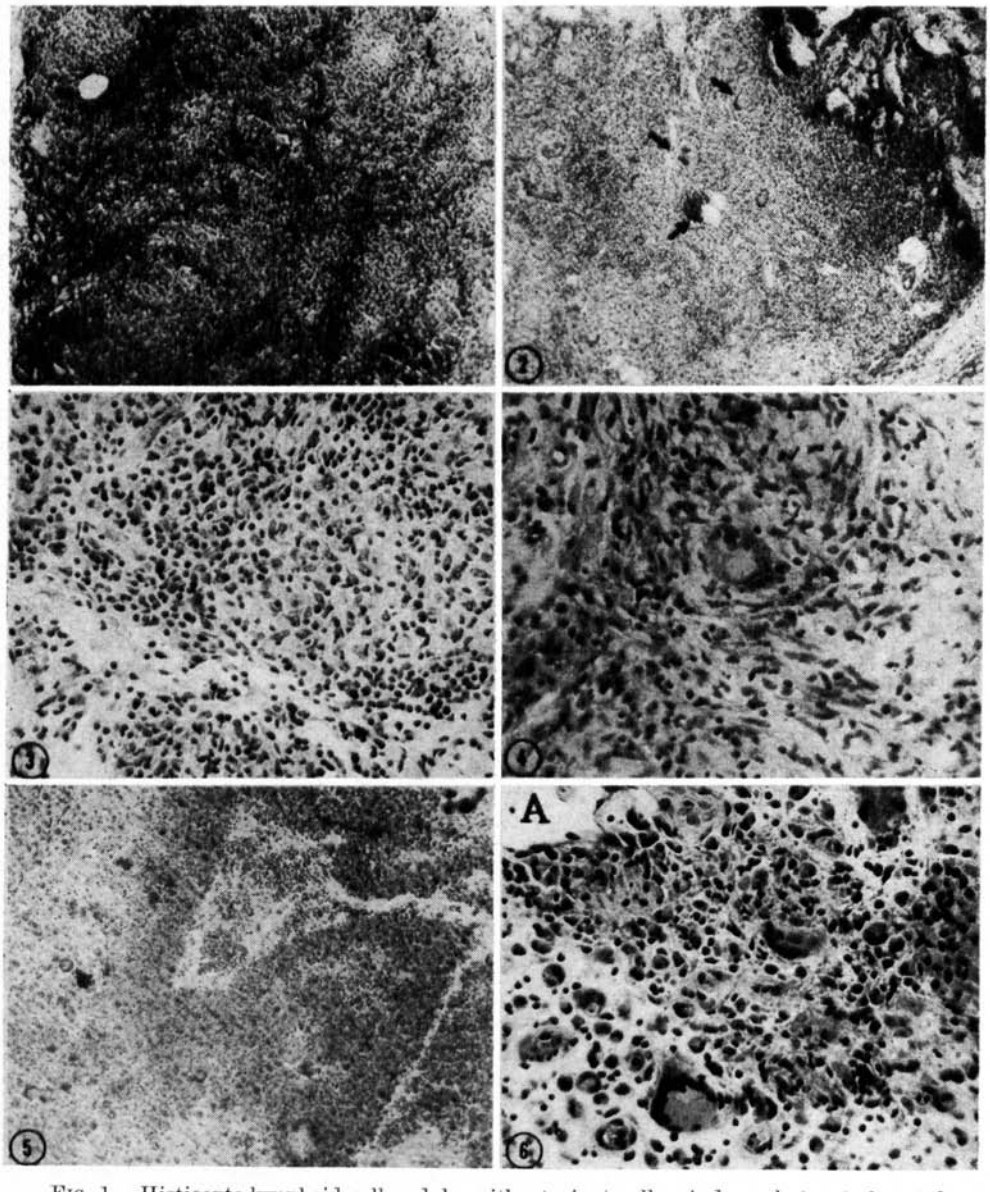

FIG. 1.—Histiocyte-lymphoid cell nodule, without giant cells. A dense but not clear tuberculoid structure, with vague, poorly differentiated tuberculoid areas or foci. Regarded as a doubtfully positive Mitsuda reaction; considered negative by Dr. Abulafia, the pathologist (Case 10).

FIG. 2.—A tuberculoid granuloma with poorly differentiated tuberculoid foci but with several Langhans type giant cells present, regarded as positive (Case 6).

FIG. 3.—Typical prefollicular tuberculoid structure, closely resembling the sarcoid picture (Case 1).

FIG. 4.—One of the tuberculoid granulomas in which were found residual foamy cells of the original lepromatous condition (Case 8).

FIG. 5.—Central abscess formation in a tuberculoid granuloma (Case 5).

FIG. 6.—Higher magnification of the wall of the central abscess (A) shown in Fig. 5. The picture shows, in disorder typical of such a condition, the elements of a tuberculoid structure.

over the past 4 years. All of them were Mitsuda positive (7, 1+, 3, 2+), and all but one were Fernandez positive.

Histologically, all but one of them (Case 10) showed a tuberculoid type of reaction, indistinguishable from the Mitsuda reaction in tuberculoid patients. The exceptional lesion showed a histiocyte-lymphoid-cell picture with indefinite tuberculoid structure which may be regarded as an immature tuberculoid lesion, although it was considered to be negative by Dr. Abulafia, the pathologist (Fig. 1). One case (No. 9) showed a very similar reaction lesion, without mature epithelioid foci but with giant-cell formation (Fig. 2), and that one was regarded as definitely positive. In most of the other cases the tuberculoid lesions were more or less typical tuberculoid structure, sometimes approaching the sarcoid picture (Fig. 3). However, in three of the cases (Nos. 2, 8 and 10) there were a few foamy (Virchow) cells connected with the tuberculoid granuloma, suggesting residual traces of the lepromatous condition in the tissues tested (antebrachial forearm) (Fig. 4). In one instance there was a Schaumann body in a group of multinucleate (foreign body) giant cells, the tissue surrounding which was composed largely of epithelioid cells. In each of two of the 1+ reactions there was, histologically, a central abscess; one of them (in Case 5) is illustrated in Figs. 5 and 6.

All patients have continued treatment to the present because, although they have remained clinically clear, and nine of them bacteriologically negative (Carville-style testing), Case 5 lost the late-reaction positivity and became bacteriologically (weakly) positive again, suggesting that a definite positive late reaction in subsided lepromatous cases must be considered with caution. Finally, we fully agree with Mukerjee and Kundu's conclusion that a "great majority of subsided lepromatous cases remain negative to lepromin, although a positive reaction—clinical or histologic—may occasionally be encountered in a few such cases."

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