

THE RIO DE JANEIRO SYMPOSIUM ON BORDERLINE LEPROSY

For the purpose of arriving at a group unity of ideas before the next international congress convenes, the Brazilian Association of Leprology organized a series of symposia on selected features of the leprosy problem. One of them, held in Rio de Janeiro in March 1960, was on the subject of borderline leprosy. A note on that event was run in this department last year [**29** (1961) 511-513], with special reference to three of the contributions. Since then the complete transactions, with full discussions, has appeared in a much-belated issue of the *Arquivos Mineiros de Leprologia* [**20** (1960) No. 3], and they are dealt

with in this issue. The contributions of only certain of the speakers are considered here.

The first noteworthy feature is that the title of that meeting was "Simpósio Sobre Lepra Dimorfa." From the outset, however, it was made clear that that name was used synonymously with "borderline," which word itself was frequently employed.¹

Some of the speakers discussed the question of the place of borderline in classification, that is to say, the relationship of borderline to other phases of leprosy and the manner in which they should be grouped. A related question discussed by certain speakers is the matter of nomenclature, about which no conclusion was attempted. In fact, no general conclusions whatever were drawn up by the meeting.

As already reported [THE JOURNAL 29 (1961) 532-534], de Souza Campos and Rath de Souza hold (1) that the borderline group should be dropped, (2) that reactional tuberculoid should be removed from the tuberculoid type, and (3) that a new group should be created to comprise those two forms. As for terminology, the word "borderline" should be rejected because it is foreign to the (Portuguese) language. Of the various terms that might be applied to the proposed new group (bipolar, interpolar, transitional, dimorphous, limitrofe, and limitante—fronteirico not mentioned), interpolar was held to merit special attention. Incidentally, Serra, giving the same reason for discarding "borderline," offered a new name, "margeante."

Gay Prieto, as has also been seen [THE JOURNAL 29 (1961) 442-459], holds that reactional tuberculoid leprosy should be regarded a variety of borderline, and that borderline as recognized is a variety close to the lepromatous type, which naturally leads to a new and broader concept of the group. He stated that at the Rio de Janeiro meeting he had proposed, as de Souza Campos had, the formation of one group for the two varieties. Without especially discussing terminology, he spoke of the new group as "intermediate or borderline."

In discussion, Bechelli disagreed with these authors, holding that reactional tuberculoid should not be separated from the polar tuberculoid type and joined with borderline to make a new group. Azulay also disagreed. (According to Rabello's summarization, Bechelli—and also Ramos e Silva—would not recognize borderline at all, but would include it in the lepromatous type.)

Pereira noted that since the beginning of the sulfone era the borderline form has been encountered in the phenomena of regression of lepromatous cases to tuberculoid. That would be the condition called "pseudoeacerbation" by de Souza Lima, or "reversal reaction" by Wade. He pointed out that rapidity of response to chemotherapy, as compared with the lepromatous form, has modified our concept of the borderline condition.

The most original suggestion was offered by Rotberg. He still holds the orthodox view that the lepromatous and tuberculoid types are "extraordinarily fixed," and that there is no place in them for intermediate forms. The "pseudotuberculoid" and borderline cases should be regarded as "perilepromatous," a satellite group of the lepromatous form.

Rabello (one of the *coordinadors*) felt that things should be left as they are "until a fit opportunity to change." As for nomenclature, he did not regard it as a matter of great importance. He did indicate, however, that "bipolar" is not suitable, and that "bivalent" would be better.

¹A note on the tendency in Latin America to prefer "dimorphous" to "borderline" accompanies the present one.

Portugal (the other *coordinador*) noted various features that call for future study, including Rath de Souza's finding that the bacilli in borderline lesions are materially smaller than those in lepromatous lesions. He did not regard the present situation as hopeless. He recalled what happened with result to tuberculoid leprosy 30 years ago. The differences of opinion then were much deeper than the present ones relating to borderline, but "there is nowadays a strong agreement about that leprosy type."—
H. W. WADE