CORRESPONDENCE

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TREATMENT OF SEVERE REACTIONS IN LEPROMATOUS CASES

To the Editor:

This note is in response to your suggestion that I might present in this way a brief statement of my experience in the treatment of cases of severe erythema nodosum leprosum reactions during my stay at the Sungei Buloh Settlement, in Malaya.

A newcomer to this place is at once struck by the frequency and severity of ENL cases here. This was my experience when I came three years ago, and is equally true of my successor, Dr. J. H. S. Pettit, who had recently arrived when this note was written, early in May.

There are at present 10 patients in the hospital wards suffering from severe ENL reactions, all requiring steroid therapy in high dosage. In addition, there are 10 or 12 others living in the Settlement who, although not so severe as those hospitalized in the wards, are nevertheless a considerable source of thought and worry. Postmortems have been performed on two fatal cases, neither of which received steroid therapy. Only one very severe case, who once required 30 mgm. of prednisone daily, has completely subsided and been weaned off corticosteroids; the others have been on treatment for various periods up to three years. I would not wish to take any credit whatever in connection with the case in which reactions ceased and the corticosteroid was no longer needed. It is all very puzzling indeed.

The only small comfort I have about these reaction patients treated with corticosteroids is that it has been possible to keep them on active antileprosy therapy (DDS or CIBA 1906) despite their reactions. At one time I did try stopping the antileprosy treatment for 4 to 6 weeks, but this did not result in any marked improvement in the ENL. Since then I have made it a practice to continue active treatment, and this has almost invariably proved continuously possible. As a result, patients show lessening of their lepromatous infiltrations and improvement in their smears at approximately the same rate as other lepromatous cases not suffering from ENL.

With reference to the article by Canizares, Costello and Gigli in the January 1962 issue of the *Archives of Dermatology* [**85** (1962) 29-40], the first of the three cases described, which apparently had had bouts of ENL reactions at intervals for more than 10 years, particularly exemplifies the long-persistent sort of case that is more or less controlled by the corticosteroids but that is very difficult to wean

from those drugs. As one physician said on a later occasion [Ibid **85** (1962) 802], asking how to get a patient off corticosteroids, "We have 'got a tiger by the tail,' and every time an effort is made to diminish the dose of corticosteroids the patient's condition flares violently."

I would completely agree with Dr. Canizares' remarks to the effect that "steroids are justified as a means of continuing the [antileprosy] therapy, and not as a type of 'appeasement medication' just to control the reaction," with one qualification. That is, that if steroids have to be given at all, then treatment with antileprosy drugs should be pursued far more energetically than was the case in the three patients then reported.

So far, in my experience, there have been no serious complications from the steroid therapy, although the whole situation is very worrying indeed. Nevertheless, I am quite sure that this is preferable to withholding the corticosteroids.

It would be interesting to learn what happened to cases of this kind in the past—15 or 20 years ago, before the sulfone era and before the steroids were available. I would much like to know of any references to well-documented papers on this subject. Here at Sungei Buloh, considerable attention was paid to the spectacular ulcerative tuberculoid cases that were seen occasionally, but apparently the chronic ENL cases—if they existed, as they presumably did—were not particularly studied.

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Addendum.—Having remained at Sungei Buloh until July (after which I went on leave), two points have come up that I would like to add to the foregoing letter.

One is that before leaving Malaya I succeeded in taking two more cases, of moderate severity, off steroid treatment. I have had no news of their subsequent progress.

The second is that Dr. Dharmendra visited Sungei Buloh and was able to see the patients whose story I have previously communicated to you. Apparently he would classify them as suffering from "progressive lepra reactions," and would distinguish them from typical mild cases of ENL. I myself believe, on the grounds of both clinical appearance and histopathology, that they are in fact suffering from extremely severe ENL. I understand that Dr. Ridley, in London, who does the histopathology for me, and that you yourself, from the descriptions, pictures and sections sent you, both agree with the diagnosis of ENL. Nevertheless, it seems only right to record Dharmendra's disagreement.

It is to be hoped that this matter may be clarified at the next International Congress.—M.F.R.W.