

Low-resistant Tuberculoid Leprosy

TO THE EDITOR:

Disseminated tuberculoid is a descriptive designation meaning tuberculoid leprosy with multiple lesions. Low-resistant tuberculoid leprosy is a significant designation

meaning that, although the patient is tuberculoid, his resistance is lower (not low!) as compared with other high resistant tuberculoid patients. Lower resistance means that the chances of dissemination are greater or that dissemination already has occurred, and that special caution in treatment and prognosis is needed in view of nerve damage. Most important is the fact that the degree of resistance often can be deduced from the clinical signs of the lesions.

I agree with Dr. Cochrane that patients with disseminated tuberculoid lesions may show a strongly positive lepromin reaction and that they have a high resistance. Therefore not all disseminated tuberculoid patients are low-resistant tuberculoid patients. Also, not all low-resistant tuberculoid patients present disseminated lesions. Therefore I object to the designation disseminated tuberculoid.

It certainly happens in patients with a high resistance that bacilli escape from a lesion and that they produce more lesions elsewhere. Such a patient has become disseminated tuberculoid. But the new lesions will show the typical features of a high resistance and therefore the patient is not a low-resistant tuberculoid case. Such patients show a strongly positive lepromin reaction.

In my experience, however, a large proportion of the tuberculoid patients with large, widely disseminated lesions, particularly when the lesions have appeared in more than one crop, do not present a strongly positive lepromin reaction. The reaction is definitely positive, but not strongly so. The patients present lesions that show the lower resistance.

The matter becomes intelligible when one considers that patients with high resistance are capable of destroying the bacilli more rapidly. The bacilli have less time to multiply and the chances of escape from the lesions are smaller than in patients with a lower resistance.

In patients with a single lesion one cannot speak of disseminated tuberculoid, but one may be able to diagnose low-resistant tuberculoid leprosy. This is possible when the lesions (1) show incomplete and delayed central healing, resulting in a broad papular edge, (2) when the papules are very minute, indicating only slight tissue response to the presence of bacilli, and (3) when satellite lesions are seen indicating that the greater number of bacilli and the longer duration of their presence have increased the chance of escape. In addition, there may be other signs, such as little hypesthesia, little loss of hair, and little loss of perspiration indicating that there is no gross infiltration around the appendages of the skin, due to comparatively little tissue reactivity. "Flaring edges" may complete the picture. These features are danger signs.

With regard to Dr. Cochrane's principal objection, low-resistant tuberculoid does not mean low-resistant leprosy, but the designation "low-resistant" is used in conjunction with tuberculoid. It separates a group of tuberculoid patients with a higher resistance from a group of tuberculoid patients with a lower (not a low) resistance. When this principle is recognized, I shall welcome a more appropriate designation.

I am aware of the fact that the term dimorphous has received official recognition as an alternative for borderline, but is the agreement really general? Personally I have little objection to the use. I would prefer intermediate, if this term were not easily mixed up with indeterminate.

Dr. Cochrane's concept of dimorphous is much wider than borderline as described by Wade. If I have to choose between a limited borderline group and a wider dimorphous concept I prefer the latter.

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