

Erythema Nodosum Leprosum

TO THE EDITOR:

In a recent article published in THE JOURNAL, A. B. A. Karat, C. K. Job and S.

Karat (⁴) called attention to the possibility of development of exacerbations of ENL in a case of borderline leprosy. This very

interesting observation shows the difficulties that can sometimes be experienced in separating out certain cases of borderline leprosy, close to lepromatous leprosy, from typically lepromatous disease. If exacerbations of ENL can be produced in patients with borderline leprosy, it may be believed that ENL is more truly associated with the presence of bacilli in quantity than with the strictly limited class of lepromatous types. In order to define the subject more broadly we would like to reproduce here the paragraph "ENL in borderline leprosy" published in March 1965 in a study devoted wholly to ENL (²) (translation by the Editor):

"ENL never appears in cases of leprosy primarily nonbacilliferous, notably in tuberculoid leprosy. In the sense of the majority, it is the lot of the lepromatous type; this is true, but not absolutely so. We have seen this eruption in certain bacilliferous, non-lepromatous forms, and especially in borderline disease.

"As early as 1937, before the recognition of intermediate states, F. Reiss (⁷) called attention to the cutaneous histology in a young Chinese patient suffering from ENL of giant and epithelioid cell granulomatous type, with some bacilli. Later, at the Madrid Congress (1953) H. W. Wade (⁹) reported the same verification in two patients, with, however, some foamy Virchow cells in one of the cases, without bacilli.

"In 1955, in the course of an autopsy on a Japanese patient dying in an exacerbation of ENL, T. Miyata (⁵) discovered a tuberculoid neuritis of the cubital nerve. Then in 1958 T. F. Davey (¹), did not hesitate to cite the rare phenomenon of transformation of lepromatous type to borderline form on the occasion of an eruption of ENL. In the same work B. Nicholson reported a typical eruption of ENL, but without relapse in a case of borderline leprosy after 12 months of treatment with SU-1906.

"Finally E. Muir (⁶) freely concedes this eventuality in cases of dimorphous leprosy, as do Jopling and Cochrane (³).

[In this connection Dr. Harter records the history of two cases in 1955 and 1957 respectively, published in his paper (²),

which cannot be reproduced here, for lack of space.]

"For H. C. de Souza Araujo (⁸) the appearance of ENL almost exclusively in lepromatous patients might be explained solely on the basis of their greater density in bacilli; for him, in the final stage of healing, the ENL could be identified only in areas where there are many bacilli. Why could not this condition, and others still unrecognized, be encountered also in a borderline case close to lepromatous in type?"

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