

Erythema Nodosum Leprosum

TO THE EDITOR:

I read with interest the report entitled "Erythema nodosum leprosum in borderline leprosy" by Doctors Karat and Job, which appeared in the January-March 1967 issue of THE JOURNAL. This is a fine paper and I feel that the authors should be congratulated for their work. With all due respect, however, I believe that there are some misconceptions and errors which should be brought to their attention.

Contrary to what the authors state, the occurrence of erythema nodosum leprosum (ENL) in borderline leprosy has been noted before. In addition to a report published earlier in the January 1967 issue of the *Archives of Dermatology* (95 (1967) 50-56) by Samuel M. Peck and myself entitled "Borderline leprosy," there are three additional references listed at the end of the bibliography, which are as follows:

1. SCHULZ, E. J. Ichthyosiform conditions occurring in leprosy. *Brit. J. Dermat.* 77 (1965) 151-157.
2. DOULL, J. A. Leprosy, *In Tice's Practice of Medicine*, Vol. IV, 1962, p. 67.
3. TRAUTMAN, J. R. The management of leprosy and its complications. *New England J. Med* 273 (1965) 756-758.

In their report, the authors stated categorically that ENL was precipitated by DDS in this patient. How can they be sure?

From the history presented, it appears that ENL developed approximately 41 days after the cessation of DDS therapy. I would be very much interested in knowing (a) the dosage of DDS received during the five months prior to their being seen at their sanatorium, (b) if the patient was still receiving DDS while being given potassium antimony tartrate and chloroquine, (c) how long it took for the ENL to disappear after the initiation of this therapy with potassium antimony tartrate and chloroquine, and (d) how much antileprosy treatment the patient received during the seven month period while being followed at their sanatorium. The authors will note that in our paper, sulfone therapy was considered as probably not responsible for the development of ENL.

Finally, I would like to suggest that in their introductory paragraphs the authors continue to use the word *form* when referring to this borderline *group* instead of the word *type*. In order to avoid adding more confusion to an already confusing nomenclature, the word *type* should be reserved for the tuberculoid and lepromatous *forms*.

—JOHN KWITTKEN

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