ENL in Borderline Leprosy

To the Editor:

We have carefully read the comments from Dr. Kwittken and Dr. Harter regarding our paper.

With reference to Dr. Kwittken's remarks on our paper we have two comments. First, our paper was submitted for publication on 15 August 1966, his on 5 October 1966. Second, in his paper he gives a clinical description and diagnosis of ENL but fur-

nishes no histologic confirmation of this diagnosis. Such confirmation is provided neither by Dr. Trautman nor by Dr. Schulz, whose papers Dr. Kwittken has quoted. They merely state that ENL occurs in borderline leprosy.

We submit that in borderline leprosy during exacerbated phases of the disease, tender erythematous and nodular lesions of borderline leprosy itself appear in different parts of the body, which are difficult to differentiate from ENL purely on clinical grounds. In our experience these lesions need to be examined histologically before they can be labelled as ENL. Besides, whereas the patient we have described had *BB lesions* in multiple skin biopsies and had a positive Mitsuda lepromin reaction that showed a mixed granuloma histologically (refer to photomicrographs in the original paper), it is vital to note that both Dr. Kwittken and Dr. Harter are referring to patients with *borderline leprosy toward leproma* (BL according to Ridley's classification) with negative lepromin tests.

As for Dr. Kwittken's contention that in his patient there was no need to withdraw sulfones during the exacerbated phase, and his statement that the patient "improved," with "good results," one or two comments seem pertinent. From the description given of the cliincal course it is obvious that the patient continued to develop episodes of exacerbation while on sulfones, and that these exacerbations were attributed to attacks of "asthma" and were promptly suppressed by adequate steroid therapy. It is well known that steroids can suppress or modify the reactive phase of all varieties of leprosy, and therefore it is not surprising that this happened in Dr. Kwittken's case. What we are not able to assess is what Dr. Kwittken considered as "improvement." We would have liked to know the criteria used to judge "improvement," since we do not find any reference to clearance of bacilli (fall in BI), nor to precise change in neurologic status, e.g., in muscle power, sensory loss, etc.

Our comments regarding the lack of histologic confirmation in the reported cases of ENL in borderline leprosy (BB) apply to Dr. Harter's references as well. However, we are in agreement with Dr. Harter's statement that erythema nodosum leprosum is a complication that may be seen in all bacilliferous forms of leprosy rather than only in lepromatous leprosy.

Finally, the view of Dr. Kwittken regarding the use of the words "form," "type" and "group" with reference to the various points in the spectrum of leprosy is an interesting point of semantics, but it is doubtful if any useful comments can be made on them at this stage.

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