

## Serum Transaminase in Leprosy

TO THE EDITOR:

I have read the article "Serum transaminase activity in leprosy in relation to liver damage" by A. V. Shivde and R. V. Junnarkar in *THE JOURNAL* (35 (1967) 366-374). I found their article very interest-

ing but would like to draw attention to the fact that their statement "No information is available regarding activity of serum transaminase in leprosy" is not correct. The authors have missed at least two reports. Reali, in Italy (1960) (Reali, D., *Rev. Gen.*

*Ital. Derm.* **2** (1961) 48), studied glutamic pyruvic transaminase (SGPT) and glutamic oxalo-acetic transaminase (SGOT) in 12 lepromatous and 7 tuberculoid cases, and Ramnathan *et al.*, in India (1963) (Ramnathan, M. K., Santhanagopalan, T. and Balasubramanyan, M. *Indian J. Path. & Bact.* **6** (1963) 123), studied these enzymes

in 16 cases of lepromatous leprosy.

—S. C. MITRA

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TO THE EDITOR:

I have received the copy you forwarded of a letter from Dr. S. C. Mitra of Calcutta. I was unable to get the details of the work done by Reali in Italy (1960). I was aware, however, of the work done by Ramnathan *et al.* in India (1963) and published in the *Indian J. Path. & Bact.* (**6** (1963) 123). The authors estimated transaminase levels in 16 cases of lepromatous leprosy and found a slightly elevated mean SGOT level. They did not correlate this with histologic changes in liver or muscle, i.e., tissues that are rich in transaminase and commonly involved in leprosy.

My work deals mainly with the correlation of transaminase levels in leprosy in

relation to histologic changes in liver and muscle (yet to be published). However, I am sorry that our statement that "no information is available regarding activity of serum transaminase in leprosy" was found misleading. We only wanted to state that no information is available regarding serum transaminase in leprosy in relation to hepatic damage. I am grateful to Dr. Mitra for rightly pointing out this mistake.

—A. V. SHIVDE

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