Symposium on B.663 (Lampren, Geigy) in the Treatment of Leprosy and Leprosy Reactions

Chairman: **Dr. M. F. R. Waters**

The working party on B.663, organized by J. R. Geigy, S.A., and Geigy (UK) Ltd., met on 14 September 1968, at the Royal Garden Hotel, London. It was attended by approximately 60 leprologists, including 24 contributors who reported clinical experience with B.663 gained in all six continents. The object of the symposium was to assess and evaluate the drug so that more precise guidance might be given as to when and how B.663 should be used in the treatment of leprosy, to define areas of further research, and in addition, to enable the manufacturers to decide if the time has now come to market B.663.

The design of the symposium was unusual, resembling that of a clinico-pathologic conference. No formal papers were presented, but different clinical subjects were considered in sequence. Physicians known to have experience in the topic under consideration were invited in turn by the Chairman to contribute. Then followed open discussion, and, finally, a brief summing up before passing to the next section.

Evidence was submitted by many workers (including Dr. S. G. Browne, who was the first to treat leprosy with B.663) that previously untreated lepromatous patients responded satisfactorily to the drug in doses ranging from 300 mgm. daily to 100 mgm. twice weekly. The methods of assessment used included the bacterial, morphologic and biopsy indices, and clinical and histologic improvement. The rate of response appears to be similar to that obtained with standard DDS therapy, but as no controlled trials have as yet been com-

pleted, precise comparison is still awaited. B.663 has also proved effective in the small number of borderline and tuberculoid patients treated.

Patients with sulfone-resistant leprosy, either foot pad proven (reported by 3 centers) or presumed (2 centers) have responded normally to B.663, the initial dosage being 100 to 300 mgm. daily. No relapses have been observed in up to four and a half years' treatment, and the drug could well be the treatment of choice in this condition. B.663 has also been used successfully in thiambutosine (DPT) resistance, and in patients suffering from sulfone or from multiple drug allergies.

There is experimental evidence that B.663 has an anti-inflammatory action, and its effect on lepra reactions was discussed in detail. Three centers reported a lower incidence of reaction (erythema nodosum leprosum, ENL) in lepromatous patients with active leprosy treated with B.663 than had been their experience with DDS. Controlled comparisons are required. The effect of B.663 on established ENL was investigated by 11 workers, using a variety of methods, including internally controlled, paired, and uncontrolled studies. All save one found that B.663 suppressed ENL, allowing prednisolone to be stopped in previously steroid-dependent patients. The dose required varied from patient to patient, varying from 100 to 400 mgm. daily, although one patient was not fully controlled on 600 mgm. daily. In severe ENL, it was necessary to continue B.663 for many months before reverting to DDS.

All patients receiving B.663 developed pigmentation, which was unacceptable to some light-skinned patients. Toxic effects included mild gastrointestinal disturbances, pruritus, giddiness, and possibly one case of exfoliative dermatitis. Transient appearance of red cells in the urine, associated with a change in creatinine clearance, was also reported. No teratogenic effect has been observed as yet, although babies may be somewhat pigmented at birth and subsequently become more deeply pigmented from ingesting B.663 in the mother's milk.

The symposium was closed by Dr. Vincent C. Barry, the discoverer of B.663.—M. F. R. WATERS