

Photosensitivity in Leprosy

TO THE EDITOR:

We are struck by the rather peculiar distribution of lesions in some of our lepromatous patients. The undersurface of the chin, the circumocular region and the upper lip are conspicuously spared while the malar eminences, the forehead and the chin are more severely involved suggesting a photosensitive element. The erythema and nodulation also seem to be more pronounced in the light exposed areas than in the light protected ones. Since this clinical observation has not particularly been mentioned, we thought of bringing it to the notice of the readers of the JOURNAL. A preliminary investigation to determine the BI and MI from the lepromatous lesions on the light exposed and covered areas did not show any differences. The Minimum Erythema Dose (MED) of these patients to unfiltered Kromayer lamp (high pressure mercury arc) was not significantly different from those of normal subjects. Photosensitivity has been discussed in relation to various infective conditions such as herpes simplex and lymphogranuloma venereum (Sonck, C. E. *Acta Derm. Venereol.* [Suppl. 6]

22 [1941] 1-499). Fitzpatrick and his associates (Fitzpatrick, T. B. *et al.* *Annu. Rev. Med.* 14 [1963] 195-214) allege that the precipitation of herpes simplex by sunlight is an indisputable clinical fact. Relation of photosensitivity and leprosy has not, to our knowledge, been reported. Leprologists have from time to time suggested that some areas of the body such as the axillae, genital regions, palms and soles are relatively immune from developing leprosy lesions. All these areas and the circumocular region, the undersurface of the chin and the upper lip are protected from sunlight. Could lack of sunlight have something to do with this relative immunity? [See: Simons, R. D. G. P. Clinical features of leprosy cases; indirect biotropism of antisyphilis treatment; photosensitivity testing in leprosy. *Ned. Tijdschr. Geneeskd.* 92 (1948) 1612-1619. Abstract in *IJL* 18 (1950) 287.—Ed.]

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