Features of Ridley-Jopling Classification and Its Application in the Clinical Field

To The Editor:

I would like to draw attention to certain features of the Ridley-Jopling classification and its application in the clinical field. Originally the Ridley-Jopling system of classification (1966) was based on histopathologic findings of biopsy specimens from different types of leprosy lesions. However it might better be called a slide classification of a particular biopsy section and varies from biopsy to biopsy with respect to histologic features of BB, BT or BL. Borderline leprosy presents varied and pleomorphic clinical as well as

histopathologic features in one and the same patient or in different patients. To be more explicit borderline lesions of the same patient often present pleomorphic lesions which both clinically and histologically vary from BT, BB, BL type of clinical as well as histopathologic lesions. Even the larger single borderline lesion at times presents a BB lesion at one end and a BT lesion at the (histologically) opposite end in the same individual.

It is, therefore, evident that the BT, BB, and BL type of clinical lesions confirmed by histopathologic features have been found in one and the same individual frequently.

If this observation bears some truth then how can a BT leprosy case having the BL or BB type of lesions in his body be clinically classified as the BT type of leprosy? Almost all borderline leprosy cases exhibit lesion combinations of BT, BB and the BL type of histopathologic lesions, and for this immunologic unstable status they are placed in the borderline group. A particular histologic section of a borderline lesion can be said to manifest the BT or BB or BL type of histologic features in that particular section only. However, this precise histologic distinction may not fit properly in the apparently called BL cases in whom several BT and BB lesions are also present in their body as confirmed clinically and histologically by several biopsies from the same patients.

It is, therefore, in a fitness of things to accept the WHO classification as borderline leprosy without creating further subdivisions into BT, BB, BL, LL, etc., with special reference to the immunologic spectrum. Furthermore, one has to biopsy each and every lesion of a borderline patient to ascertain whether all lesions are BT, BB or BL type, or whether the majority of lesions will be grouped under any type such as BT, BB or BL which seems to be improbable and unpractical.

Lastly, a symposium by correspondence may be initiated on this issue to obtain the views of eminent experts working in this area.

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