

Features of the Ridley-Jopling Classification

TO THE EDITOR:

I have read the interesting comments by Dr. Kundu about the Ridley-Jopling classification (*Int. J. Lepr.* **47** [1979] 64–65). It is a fact that borderline leprosy often presents varied and pleomorphic clinical and histopathological features in the same patient. Marked variation in the LTT and immunoglobulin levels have also been noticed in borderline patients. I do agree that for field purposes the WHO classification into tuberculoid, borderline, and lepromatous is more easy and practical. However, it still remains important to have these subdivi-

sions, which create better understanding of the disease and which make it easier to realize the concept of the leprosy spectrum. The subdivisions, which still represent the state of the patient at a certain time, are needed for follow-up of patients and for evaluation of drug therapy. In fact, when doing research, one comes to the conclusion that there is need for further subdivisions. The borderline tuberculoid (BT) or borderline lepromatous (BL) subdivision still represent different clinical, histopathological, and immunological manifestations. This has led some leprologists to in-

troduce further subdivisions (TT/BT, BT/BB). However, even these subdivisions could not replace a thorough, detailed clinical description of the lesions in the individual patient. Hence I feel that there is need for these subdivisions.

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