

Reply to Dr. Van der Meulen's Letter to the Editor

TO THE EDITOR:

Dr. Van der Meulen's comments on our article, "Reversal Reaction: The prevention of permanent nerve damage" are, in our opinion, incorrect.

Only when Dr. Van der Meulen states that comparison of results from a prospective study can easily lead to biasing past observations is he right. However, when we analyzed our results, we were perfectly aware of such a pitfall. We did our best to avoid it, and we think we succeeded.

When he claims that the mild neuritis group in the 1969–1973 period is different from the group in the 1974–1978 period, based on a difference of 1½ points, he has to redo his statistics; such a difference is hardly significant.

We performed regularly careful assessments during the treatment of our neuritis cases, not only using the voluntary muscle testing (VMT) but also the motor nerve conduction velocity measurements and the sensory testing. Therefore, we were able to detect deterioration early. A patient, as mentioned by Dr. Van der Meulen, will certainly deteriorate after the discontinuation of steroid treatment. However, in this patient further VMTs were not done—as he claims—so deterioration was not noticed. It may be advisable to compare the original VMT-deficits of such patients with

the present ones (their records are still available). We are afraid that, when these patients are included, the difference between the 1969–1973 and the 1974–1978 period will be even more striking and will not prove his point.

When he compares the treatment results in points and states that the measured differences do not justify a longer period of steroid treatment, he should realize where these points stand in terms of disability.

In the 1969–1973 period, after 3 years of treatment of 25 patients, only 6 were without disabilities and 12 (50%) had at least 1 ulnar or median palsy. In the 1974–1978 period 20 out of 23 did not have any nerve damage while only 2 (10%) had more than an ulnar or median palsy. In our opinion these differences do matter, and we will seriously plead for longer periods of steroid treatment.

Recently, we were able to compare our results with a study done in the Masanga Leprosy Hospital (Sierra Leone). Their results agree perfectly with ours although they had slightly more complications (Dr. Kazen, personal communication; *Lepr. Rev.*, in press).

We agree that a high dosage of DDS may prevent reactions and may diminish the dosage of steroids needed. We were able to monitor the improvement of the patients in

Dr. Barnetson's and Dr. Pearson's study. There was no difference in response to the steroids of patients on 5 mg DDS daily compared with those on 50 mg daily. Therefore we do not think that a difference in DDS dosage explains the differences in treatment results.

When Dr. Van der Meulen plans a prospective trial, he is welcome to do so since

our findings are too important not to be confirmed. At ALERT all the equipment needed for careful nerve assessments is available.

—Ben Naafs, M.D.

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