

Rifampin 1200 mg Once Monthly Together With Daily Lamprane® and Dapsone in Treatment of Refractory Patients with Lepromatous Leprosy

TO THE EDITOR:

We found the paper by J. Languillon, S. J. Yawalkar, and A. C. McDougall, published in the March 1979 issue of your journal¹ interesting because it revealed for the first time the practical value of a once-monthly 1200 mg single dose rifampin schedule in the treatment of patients with lepromatous leprosy. The once-monthly rifampin administration, besides being effective and economical, facilitates patient compliance even for beggar patients. We therefore conducted through A.M.G. (In-

dia) International a trial with a triple-drug regimen, including a once-monthly 1200 mg rifampin schedule, in our leprosy facility, whose patients go out into the public for begging. This communication incorporates the results of this trial.

After screening 2400 patients, refractory patients with long-standing lepromatous leprosy suffering from recurrent lepra (ENL) reactions and not improving on 100 mg daily dapsone monotherapy (problem cases), were selected for this trial. The evaluable trial population comprised 73 pa-

tients ranging in age from 13 to 60 years and included 14 females. The patients received the following treatment:

- 1) Dapsone—100 mg orally once daily
- 2) Lamprone® (Geigy)—200 mg daily for the first 2 to 3 weeks, followed by 100 mg daily
- 3) Rifampin (Rimactane® Ciba)—1200 mg in a single oral dose given under supervision once monthly.

The trial population included one 13 year-old patient who received 600 mg (instead of 1200 mg) Rimactane® once monthly. The treatment was started when the routine blood and urine examinations revealed normal findings. The duration of the trial treatment was four months, and the patients were treated further with dapsone monotherapy.

Skin smears were taken for bacteriologic (BI) and morphologic (MI) indexes by the slit and scrape method each time from six selected sites, including the active lesions, fingers, and ear lobes. After averaging the scores of all the six smears taken from a patient at the same time, the mean BI and MI values thus obtained were recorded. The skin smears and clinical examinations were repeated at monthly intervals. The BI assessments were performed according to Ridley's scale.

Clinical improvement and bacteriologic regression indicated by decreases in the BI and MI of the skin smears were very satisfactory. Clinical improvement observed at the end of 4 months' treatment was marked in 53 (73%), moderate in 17 (23%), and poor in 3 (4%) patients. The MI averages of the skin smears reached zero in 60 patients and came near to zero, namely less than two, in the remaining 13 patients within 4 months' treatment. The average pre-treatment BI of the skin smears was 4.5. Following 4 months' treatment with the

aforementioned triple-drug regime, the average decrease in the BI of the skin smears was 1.6.

Although the trial population consisted of patients with refractory lepra reactions, the trial treatment was in general fairly well tolerated. The following adverse effects were reported in 12 of the 73 patients treated. Ten patients continued getting ENL reactions during the trial period, but these, being less severe than before, did not lead to interruption of the trial treatment. Another patient complained of joint pains and had ulnar neuritis. One patient has attacks of fever ('flu' syndrome?) lasting for 1 to 2 days each time after taking the monthly dose of rifampin. These attacks of fever were not accompanied by ENL and also did not interfere with the treatment. The trial treatment did not lead to anuria, oliguria, hemolytic anemia, thrombocytopenic purpura, dyspnea, or anaphylactic shock.

We found the aforementioned triple-drug regime (including a once-monthly 1200 mg rifampin schedule) very effective, reasonably safe, and fairly economical for treating our difficult cases of lepromatous leprosy. It provided a practical solution to our problem of treating wandering begging patients who return to the colony once a month.

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REFERENCES

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