Bilateral Ulnar Nerve Abscesses in Lepromatous Leprosy

TO THE EDITOR:

I would like to comment on the letter "Bilateral Ulnar Nerve Abscesses in Lepromatous Leprosy; a First Encounter" by Drs. Gelber and Zacharia [IJL **54**:480–482, 1986].

It is fortunate that such rapid and severe nerve involvement is unusual in lepromatous disease. I know it seems presumptuous to refer to "what might have been," but I am sure that another lesson can be learned from the unfortunate outcome of Drs. Gelber and Zacharia.

If clofazimine had been introduced into the management of this patient in doses of 300 mg daily aimed at suppressing the reaction, I am convinced that this, plus the treatment outlined by the authors, would have prevented the development of abscesses as well as the permanent nerve damage.

It is unfortunately true that clofazimine has been difficult to procure in the U.S.A., and that is possibly why it was not used in this instance. I am happy to hear that its release onto the market is imminent. Hopefully in the future it will be much more freely prescribed for implementation of multiple drug therapy (WHO) as well as for the control of all types of reactional phenomena in leprosy, both lepromatous and tuberculoid.

If this "lesson" is learned—and applied to patient management—the second and third lessons of Drs. Gelber and Zacharia may never need to be applied at all. That

is, one may not need to resort to surgical intervention and neurolysis. In management of severe neuritis of leprosy, a thorough trial of corticosteroids and clofazimine should precede any consideration of surgery, and should also be used during any surgery for nerve release.

—Roy E. Pfaltzgraff, M.D.
Program and Training Consultant
American Leprosy Missions
One Broadway
Elmwood Park, New Jersey 07407, U.S.A.