detected by the biothesiometer might only be a relatively late change. However, differences in threshold were also noted on those patients who were either untreated or who had been treated for 2 months or less. It is suggested that to investigate this further, loss of vibration sense should be assessed in parallel with other nerve functions (preferably in a quantitative manner) in patients when they first present.

Studies have shown that up to 77% of clinically unaffected nerves in leprosy may show marked impairment of nerve conduction (7). Thus it is of obvious importance to attempt to improve clinical testing in order to assess more subtle levels of nerve damage. This is not only of value in diagnosis but also in follow-up, assessment of treatment and reactions.

We have shown elsewhere that the biothesiometer may be of value in the assessment of insensitive feet and their susceptibility to ulceration and tarsal disintegration (Hammond, C. and Klenerman, P., unpublished data and Klenerman, P., Hammond, C. J., and Kulkarni, V., submitted for publication). It is suggested on the basis of this study that it might also be of use in the diagnosis of the anesthetic patch.

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Isolation of Mycobacteria from Healthy Persons’ Stools

TO THE EDITOR:

In 1986, Collins published in this JOURNAL a paper "Mycobacterium avium-complex infections and development of the acquired immunodeficiency syndrome: casual opportunist or causal cofactor?" (4). One question brought up in his paper concerned the possible gastrointestinal origin of Mycobacterium avium-intracellulare (MAI) infections in some acquired immunodeficien-
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The isolation of mycobacteria from human intestinal tissues (2-3, 9) and from AIDS patients’ stools (1, 6, 8, 10, 14, 21-23, 26) has been reported repeatedly. While a variety of different species (MAI, M. fortuitum complex, M. chelonei) have been found in intestinal specimens from patients with Crohn’s disease, ulcerative colitis, and noninflammatory bowel diseases (2-3, 9), the predominance of MAI strains from intestinal tissues and stools of AIDS patients is striking (1, 6, 8, 10, 14, 21-23, 26). The present study shows that mycobacteria can also be isolated from more than 50% of the stools from healthy individuals. We found a predominance of M. simiae followed by MAI strains, M. gor-
donae, and M. malmoense. Our findings of M. simiae and M. malmoense, both recognized as causes of human diseases (11, 17, 26), are particularly noteworthy. Environmental isolates of these species have not been reported although the epidemiology of the diseases for which they were responsible strongly suggest their presence in the environment. The mycobacteria might enter the host via contaminated food or water, and then colonize the gastrointestinal tract. As suggested by Collins (4), it is possible that some of these mycobacteria (e.g., MAI) possess factors which enable them to attach to the intestinal mucosae, colonize the membranes, and invade them when the AIDS virus has depleted the T-cell defenses. To evaluate whether the mycobacteria isolated from stools originate from an occasional colonization of the intestinal tract or whether they form a part of the permanent flora of some individuals, samples should regularly be studied from the same subjects on a long-term basis. Additional studies on stools from healthy persons, from persons at high risk for developing AIDS, and from AIDS patients with and without disseminated MAI infections are also required for confirmation of the hypothesis that intestinal colonization precedes mycobacterial infection.

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REFERENCES


Comedones Induced by Coconut Oil in a Borderline Tuberculoid Lesion

To the Editor:

A 42-year-old female presented with a hypopigmented anesthetic patch over her left knee of 1½ years duration. Diagnosed as a case of tuberculoid leprosy, she had been treated with monthly rifampin and daily dapsone for 13 months. She had been advised to discontinue treatment, and she came to us for a second opinion.

On examination, comedones were observed over the hypopigmented, anesthetic, borderline tuberculoid lesion (Fig. 1). The comedones could be extracted with a comedo extractor. A biopsy stained with hematoxylin and eosin (H&E) showed a compact, perineural and periadnexal epithelioid granuloma in the reticular and deeper der-