

Diagnostic Efficacy of Cutaneous Nerve Biopsy in Primary Neuritic Leprosy

TO THE EDITOR:

I was interested to read the above-titled JOURNAL article by Drs. Mary Jacob and Rachel Mathai [Int. J. Lepr. 56 (1988) 56–60]. Nerve biopsy is certainly a valuable and revealing procedure, in the right hands, and I agree that it might be particularly helpful in primary neuritic leprosy, which appears to be relatively common in India. I am, however, very far from convinced that one can safely regard it as “. . . a simple office procedure . . .” and I would like to emphasize that in our publication on sural nerve biopsy [Haimanot, *et al.*, Int. J. Lepr. 52 (1984) 163–170], quoted by Jacob and Mathai (their reference 9), we carefully emphasized that nerve biopsy should be attempted “. . . only by experienced observers, including an operator who is trained in nerve biopsy.” (One of our authors was a qualified

neurologist/neuropathologist.) I also note with some concern (in Materials and Methods) that a “. . . thin sliver of the main peripheral nerve trunk, such as the ulnar, was taken in a few cases.” Such trunks contain mixed fibers, and there is some risk that motor elements may be damaged. Finally (again in Materials and Methods), does the statement “. . . a 1-cm piece of the nerve was sliced with a scalpel . . .” mean that a full 1-cm length (segment) of the nerve was removed? Would this not result in permanent loss of sensation in the area supplied?

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