

Response by Dr. Job, *et al.*

TO THE EDITOR:

We are giving below our response to the letter from Sehgal and Bhattacharya with regard to our paper entitled "Single lesion subpolar lepromatous leprosy and its possible mode of origin."

The paper is a report on a retrospective study of three patients seen in our institu-

tion during the last 4 years. The diagnosis of lepromatous leprosy was made after obtaining a careful history, a detailed clinical examination, and a histopathological confirmation. Microbiological studies were done whenever necessary and possible for the management of the patient.

Highly positive skin smears for acid-fast bacilli from the lesions, the presence of in-

traneural acid-fast organisms, and the characteristic lepromatous granuloma during histopathological study were the criteria used for diagnosing all three patients as having lepromatous disease. It was possible to do the lepromin test in only one patient. It would have been better if all three patients were submitted to lepromin tests. Other immunological tests in leprosy are found to be rather unreliable and are not necessarily helpful in the classification of a patient.

We are grateful to Sehgal and Bhattacharya for their concerned comments. We note that Sehgal, *et al.* have reported inoculation leprosy in several patients classified as indeterminate, tuberculoid, and borderline tuberculoid leprosy. We do hope

that they will look for and be able to find patients with an inoculation lepromatous disease and confirm our findings.

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