

# INTERNATIONAL JOURNAL OF LEPROSY

PUBLISHED AS THE OFFICIAL ORGAN OF THE

INTERNATIONAL LEPROSY ASSOCIATION

WITH THE AID OF THE LEONARD WOOD MEMORIAL

Postal Address: P. O. Box 606, Manila, Philippine Islands

Office at the School of Hygiene and Public Health

Entered at the Post Office at Manila, P. I., as second-class matter

---

VOL. 5

OCTOBER-DECEMBER, 1937

No. 4

---

## EDITORIALS

*Editorials are written by members of the Editorial Board, and opinions expressed are those of the writers. Any statement that does not meet with agreement will be of service if it but stimulates discussion, for which provision is made elsewhere.*

### LEPROSY AND SARCOID

*Wald*  
The term "sarcoid" has been applied repeatedly of late to certain of the lesions of leprosy. Darier, in a paper read before the Strasbourg Conference in 1923,<sup>1</sup> stated that when, shortly before that time, Pautrier and Boez had presented a case of tuberculoid leprosy in a native of Madagascar before the dermatological society in Strasbourg, Lutz had pointed out that the pathological condition resembled the "lupoid" of Boeck. In describing the histology of his own two cases Darier stated that the appearance was "quite analogous to that of a sarcoid of Boeck," and remarked that the tuberculoids of leprosy are analogous to the tuberculoids of tuberculosis and of syphilis.

The word itself, signifying "resembling flesh, fleshy; a sarcoma-like tumor," does not seem particularly appropriate for the group of tuberculosis-like granulomatous lesions concerned, but it is said<sup>2</sup> that Boeck introduced it because he at first thought he was dealing with an affection *sui generis* of the nature of an idiopathic tumor, and it has assumed a place in dermatological terminology. The sarcoid of Boeck, described as having more or less nodular, superficially located lesions, that of Darier-Roussy, one variety of

<sup>1</sup>III<sup>e</sup> Conference Internationale de la Lèpre. Communications et Débats. Paris, 1924.

<sup>2</sup>MCCARTHY, L. Histopathology of Skin Diseases. St. Louis, 1931.

which is located in the subcutis, and Besnier's lupus pernio have been brought together as a disease complex, often called the Besnier-Boeck disease but designated benign lymphogranuloma by Schaumann.<sup>3</sup> He emphasized the systemic nature of the condition, with lesions in the lymphatic glands, tonsils and bone marrow, and believes (or once did, if he does not now) that it is a manifestation of bovine tuberculosis. Discussions of this matter are to be found elsewhere in this issue of THE JOURNAL.

The histological feature of these lesions that brings them into relation with leprosy—the "tuberculoid" form of leprosy, to be specific—is that they are made up of foci or masses of epithelioid cells. The Boeck type is sometimes described as presenting numerous small nodules composed wholly of epithelioid cells, the Darier type having also banal chronic inflammatory cells and a greater or lesser number of giant cells. Sections obtained from several sources, notably some excellently-prepared ones supplied by Lie, show that round cells may occur in the epithelioid masses of Boeck's lesion, and also an occasional giant cell, though not regularly or necessarily in the numbers shown in Lewandowsky's illustration of the condition.<sup>4</sup> A more typical picture of it is given by McCarthy.<sup>5</sup>

The similarity of some forms or phases of tuberculoid leprosy to some of the sarcoid lesions is evident from the illustrations of Darier's article mentioned, which Jeanselme reproduced.<sup>6</sup> A particularly extensive discussion of the whole range of sarcoid conditions is to be found in the proceedings of a special session, held in May, 1934, of the Strasbourg affiliate of the Société Française de Dermatologie et de Syphiligraphie.<sup>6</sup> The numerous excellent illustrations show well the similarities between sarcoid and tuberculoid leprosy, at least so far as the histological changes are concerned. At the meeting Werner Jadassohn stated that his father had told him that Boeck himself had not been able to distinguish two sections, one of a Boeck sarcoid and the other from leprosy. It seems that there is ample justification for those who speak of the

<sup>3</sup>SCHAUMANN, J. *British Jour. Derm. & Syph.* 36 (1924) 515, and elsewhere.

<sup>4</sup>LEWANDOWSKY, F. *Die Tuberculose der Haut.* Berlin, 1916, p. 203.

<sup>5</sup>JEANSELME, ED. *La Lèpre.* Paris, 1934, p. 303.

<sup>6</sup>These reports, published in the *Bulletin* of the Société in June of the same year, comprise thirty-six articles which, together with the discussions, fill a volume of 400 pages. They cover the subject broadly, including etiology, clinical forms and pathology; they include articles on sarcoids due to leprosy, leishmaniasis and foreign bodies, and one on treatment of sarcoid cases by antileprol.

sarcoid histology of at least the more marked tuberculoid lesions of leprosy.

It does not appear that the clinical similarities are nearly as close. However, in the past few years several writers, among them Mottat,<sup>7</sup> Vigne, Fournier and Vidal,<sup>8</sup> des Essarts and Lefrou<sup>9</sup> and Lisi and Sebastiani,<sup>10</sup> have written of sarcoid lesions of leprosy; and though in part this designation has referred to their histological nature, there has also been emphasis on the clinical resemblance of some of them to various tuberculides and to other, imperfectly understood conditions that seem to be more or less related to the tuberculides.

The matter is now carried much farther by Rabello, Junior.<sup>11</sup> After discussing the various theories of the etiology of the Besnier-Boeck disease—one being that it is due to a special virus and another that it can be produced by different agents, chiefly tuberculosis but also syphilis and other infections—he concludes that the existence of a special virus is highly problematical and, tentatively, that the syndrome can be produced by leprosy as well as other agents. The idea of the identity of certain varieties of leprosy and the sarcoid disease, and especially the implication that the latter may at times be a modified and unrecognized form of leprosy, is so interesting that we have sought the opinions of several dermatologists and workers in leprosy on the matter. Responses have been received from MacLeod, Molesworth, Reiss, Lie, Schujman, Lampe and Reenstierna, and are published elsewhere in this issue.

Not a great deal of support for the view in question, or at least for the arguments brought forward in support of it, is to be derived from these responses. The question may be asked to what extent this nonsupport is due to difficulty in accepting a new and revolutionary idea; and this requires examination of its basis. If the term "Besnier-Boeck's disease" is used in the sense of the general systemic condition (Schaumann's "benign lymphogranuloma"), it implies involvement of the lymph nodes, tonsils, bone marrow and even the lungs by a tuberculoid process of the same nature as that in the skin lesions, and

<sup>7</sup>MOTTAT, J. *Ann. Derm. et Syph.* 2 (1931) 1180.

<sup>8</sup>VIGNE, P., FAURNIER, A. AND VIDAL. *Bull. Derm. et Syph.* 39 (1932) 346.

<sup>9</sup>DES ESSARTS, J. Q. AND LEFROU, G. *Bull. Soc. Path. exot.* 28 (1935) 626.

<sup>10</sup>LISI, F. AND SEBASTIANI, F. *Giorn. ital. Derm. Sifil.* 76 (1935) 1029.

<sup>11</sup>RABELLO, JR. *Ann. Derm. et Syph.* 7 (1936) 571, reprinted in this issue of THE JOURNAL.

Rabello argues for that. He says, first, that there is a general affection of the reticulo-endothelial system in leprosy and, second, that the lymph nodes show sarcoid lesions like the skin lesions and that there is other evidence of generalization of the condition.

The statement that leprosy affects systematically the reticulo-endothelial system is not denied—with reference to the cutaneous type of leprosy. But in that condition the lesions are of the ordinary lepromatous kind, not tuberculoid. Though certain workers have claimed that the latter kind of leprosy change may occur in certain viscera, it has long since been concluded that such lesions are actually due to tuberculosis. Lie says that he has found no such change that could not be explained in that way and has not seen the sarcoid structure in the glands in leprosy patients, though Reiss (on grounds not stated) says that such changes occur in the glands in neural cases. Opportunities for autopsy examination of cases of neural-type leprosy in the active stages of the disease are rare, and so far as the writer is aware no report of such an examination of an active, frank tuberculoid case has ever been published, but it should not be difficult to obtain biopsy specimens of superficial glands from such cases. Schujman, who has especially interested himself in tuberculoid leprosy, says that because the nodes in that form of the disease are not enlarged—which is in line with the writer's experience—he has not examined any. Rabello adduces no evidence on the point. As Reenstierna points out, his histological examinations have not included lymph nodes or tonsils.

Schujman also states that occasionally in a case of tuberculoid leprosy in reaction there is involvement of the nasal mucosa to the point of causing embarrassment of respiration, which has been noted elsewhere.<sup>12</sup> How frequently that tissue is affected in that form of the disease, however, is probably not known. Lie cannot contribute to the point because tuberculoid leprosy is so rare in Norway. With regard to changes in the bones, the ordinary ones that occur in leprosy are well known. Hutter, whose work with Murdock has frequently been quoted,<sup>13</sup> reports that, out of several films that we have recently had an opportunity to make at Culion of the hands of patients with tuberculoid lesions, one

<sup>12</sup>WADE, H. W., COCHRANE, R. G. AND PAUL RAJ, J. *THE JOURNAL*, this issue, p. 437 (Case No. 1).

<sup>13</sup>MURDOCK, J. N. AND HUTTER, H. J. *American Jour. Roent. & Rad. Therapy* 28 (1932) 598; reprinted in *THE JOURNAL* 3 (1935) 339-344.

shows slight changes that are indistinguishable from those of similar degree in the cutaneous form of the disease. Schujman found no such changes in eight cases studied. But it does not appear that anyone has examined histologically any such lesion in a tuberculoid case, a point on which Reenstierna lays some stress. It would seem that further investigation of both of these points is desirable.

With regard to the assertion that there is tuberculin anergy in tuberculoid leprosy, as in the Besnier-Boeck syndrome, the general impression is otherwise; it is not in agreement with Schujman's experience or with that of the writer with the few cases that he has tested. It would be in order for workers in places like Calcutta, where tuberculoid leprosy is common, and South America, where it is not infrequent, to look into that matter. The statement that eosinophilia occurs in lepra reaction is not in agreement with the usual findings. Not much can be drawn for or against the view under discussion from experiences in cultivation and animal inoculation work.

The foregoing pertains to the argument that leprosy produces changes similar to those recognized for the systemic sarcoid disease. If, however, the question is reduced in scope to that of the lesser, nonsystemic conditions to which dermatologists apply that term, less is to be said on the negative side. There would still remain a point not touched on by Rabello in his summary, though discussed in his article, namely, that the cutaneous nerves are involved in tuberculoid leprides and not in ordinary sarcoid lesions, as Molesworth and Reenstierna remark. However, it would seem that the more restricted possibility that some of the lesions actually produced by leprosy may be confused with localized sarcoids of other nature, and the converse, that nonleprotic lesions of this kind may be diagnosed erroneously as of leprous origin, are worthy of consideration. The idea that in places where leprosy is dying out, or has quite disappeared so far as its ordinary forms are concerned, it may persist in the sarcoid form is interesting but would be most difficult to substantiate.

—H. W. WADE.

#### NOTICE

An effort will be made to publish the first issue of *THE JOURNAL* for 1938 in time so that copies mailed to Cairo will be received there before the conference to be held in the latter part of March. Any subscriber wishing to have his copy so sent will please notify the Business Manager, P. O. Box 606, Manila, giving an address in Cairo.