Histological Analysis of the Mitsuda Reaction in Contacts of Multibacillary Leprosy Patients

TO THE EDITOR:

Despite recent advances in the immunology of leprosy, the well known Mitsuda reaction can still provide important information in the interpretation of different immunological behaviors related to this disease. In a recent paper we evaluated clinical and histological responses to the Mitsuda antigen in 40 contacts of multibacillary (MB) patients, 23 non-consanguineous and 17 consanguineous contacts. Eight contacts presented both clinically and histologically negative responses, 6 consanguineous and 2 non-consanguineous. The histological analysis in 3 consanguineous contacts revealed only the presence of nonspecific focal inflammatory infiltrate with lymphohistiocytes within the dermis but no acid-fast bacilli (AFB). The other 3 consanguineous contacts showed histiocytic responses either as sparse nonepithelioid macrophage cells amid the collagen or as a histiocytic aggregate, micronodular, nontuberculoid structure. Out of the 6 consanguineous contacts, 3 presented AFB. The 2 non-consanguineous contacts showed only a nonspecific, focal lymphohistiocytic reaction pattern with no AFB ([5]).

In a bibliographic review of papers dealing with the histological patterns of Mitsuda reactions in healthy persons, we found that authors refer to only two histological patterns: namely, a negative one of the nonspecific type with no AFB and a pattern of chronic, granulomatous tuberculoid reaction generally presenting no AFB ([3, *]). The pattern of the sparse histiocytic reaction or

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* Dillon, N. L., *et al.* Lavantamento dermatológico de escolares. In: Resultados dos trabalhos executados no Campus Avancados de Humaltá (AM) em 1976. Botucatu: UNESP, pp. 42-98, 1978 (report not published).

micronodular nontuberculoid granuloma showing AFB was only mentioned in papers studying the Mitsuda reaction in MB cases ([1, 2, 4]).

We found in the biopsies of the Mitsuda reactions of the consanguineous contacts of MB cases a nontuberculoid histiocytic infiltrate with AFB. Comparing these observations with the findings in the literature cited above, the following question can be raised: Could this histological pattern in these contacts indicate a subclinical infection?

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