

Lack of Response to WHO/MDT; a Case Report by Habtemariam and Xabier

TO THE EDITOR:

The standard World Health Organization-recommended multidrug therapy (WHO/MDT) uses a combination of rifampin, clofazimine and dapsone for 24 months for the treatment of a multibacillary leprosy patient. The main rationale for this recommendation is to prevent selection of drug-resistant mutant *Mycobacterium leprae*, which is a certain possibility if any antileprosy drug is used as monotherapy. Any modification of the WHO/MDT is acceptable as long as this principle is strictly adhered to.

In this particular case (IJL:632–634;1993) it seems that this young lady, suffering from lepromatous leprosy, was sequentially treated with brodimoprim, rifampin, dapsone, clofazimine and ofloxacin, often as monotherapy between June 1991 and June 1993. During this period, the patient received the standard WHO/MDT for a period of only 2 months. This regimen was changed since the authors felt that “. . . the response to the antibacterial treatment was poor, i.e., there

was no clinical regression of nodules and the reduction in the bacterial index and morphological index was poor.”

It is clear that the authors were extremely anxious to cure their patient as quickly as possible but, in their enthusiasm, the patient was treated virtually with sequential monotherapy using different antileprosy drugs. Fortunately, the organisms remained sensitive to rifampin and clofazimine in normal doses. The presence of dapsone resistance was probably expected, given the high prevalence of both primary and secondary dapsone-resistant *M. leprae* in Ethiopia.

Finally, as far as I am aware, so far there are no confirmed reports of any multiple-drug resistance among leprosy patients treated adequately with the WHO-recommended MDT regimens.

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