CORRESPONDENCE

This department is provided for the publication of informal communications which are of interest because they are informative or stimulating, and for the discussion of controversial matters.

MIXED TUBERCULOID AND LEPROMATOUS LESIONS

TO THE EDITOR:

I wish to record the finding by Wade and by myself, working independently, of a most curious and interesting histological finding in some leprous lesions, namely, the occurrence of both tuberculoid and lepromatous changes in the same section. The circumstances in which these findings were made were as follows:

In 1936, Wade visited India and with the help of our staff here undertook a study of the clinical and histological findings in cases of leprosy in Calcutta, and we also visited Purulia and did some similar work there. On returning to the Philippines he took with him the biopsy material collected, and so far it has not been published. In a personal communication to me, however, forwarded in 1939 but originally recorded earlier, the following note occurs regarding one of the cases biopsied at Purulia.

> For the most part a fairly typical moderate-degree major tuberculoid case with extensive lesions (probably subsiding reaction). The patient had massively infiltrated, pendulous ears, not compatible. Smears 2+. Skin (from ear?) showed a marked lesion of mixed nature, mostly lepromatous that is chiefly foamy, but with at the same time areas definitely of tuberculoid nature. The most interesting case in the whole lot; a most unusual lesion.

My independent finding was made in the following circumstances: In April, 1937, a patient (J.C.D.) came for diagnosis. He said that for three years he had had a thick red patch which started on one ear and spread over the side of the face and down the neck. Other patches had appeared more recently. The patch was anesthetic, and the great auricular nerve was thick. The patch was definitely thickened at the margin, and looked like a typical tuberculoid lesion of moderate degree except that the margin was not as clearly defined as is usual in such leprids. On other parts of the body there were similar but smaller patches. Smears showed an unusually large number of bacilli for tuberculoid lesions, so biopsy material was taken from the ear.

The section showed typical marked tuberculoid foci, with cells of Langhan's type, and between those foci a slight diffuse cellular infiltration. Many of the cells of this infiltration were vacuolated, and some were typical foamy cells. Bacilli were numerous and large globi were present. The condition was definitely a mixture of the tuberculoid and lepromatous conditions.

This case has since developed into a fairly typical lepromatous one, and is still under observation. Biopsy material has been examined on several occasions.

During the last three years we at the Calcutta clinic have examined much biopsy material and have made similar findings in about twenty cases. We are studying the development of the disease in these cases and trying to assess the significance of this finding, and hope to publish later the results of this study.

Recently Cochrane at Chingleput showed me some sections showing similar findings, and drew my attention to his observation that in these cases the lepromin test gives negative results. We are attempting to confirm this.

"Mixed" findings may be made in different circumstances. Lesions in some parts of the body, particularly the ear, may be definitely lepromatous, while lesions elsewhere may be fairly typically tuberculoid. Some time ago Ryrie sent me from Sungei Buloh, in Malaya, photographs and sections from a patient in which such a condition was found. We have made similar observations in several cases.

The object of this letter is to draw the attention of other workers to this small group of cases in which these curious findings may be made. The group is not sufficiently large to interfere seriously with the Cairo Conference classification.

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