REMOVAL OF SOLITARY LESIONS IN TUBERCULOID LEPROSY

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As a therapeutic measure we have removed surgically the affected tissue in fourteen cases of tuberculoid leprosy that presented only one or a very few lesions. In thirteen of these cases the lesions were in the skin; in the remaining one only a nerve was involved. These patients were thoroughly examined, and in most instances the lepromin test was done and a histopathological study of the lesion made. All of the lepromin reactions were positive. All cases were found bacteriologically negative except one (Case 6 of Table 1, in which details of all cases will be found).

It was possible to reexamine 12 of these patients at times varying between one year and seven months and eight years and eight months after operation. Two of them (Cases 12 and 13), one of which came from a remote province, were lost to sight, though one of them was observed after about seven months.

A second group of seven patients of the same kind (Table 1) were also treated by destruction of the lesions, but by other than surgical methods. In three cases they were destroyed by galvanocautery and in two cases by electrocoagulation. In one instance a solitary cutaneous lesion was treated by electrocoagulation and a small enlarged nerve was removed surgically. Finally, in one case the destruction was accomplished with carbonic-acid snow.

In this second group it has been possible to control the results of six cases over periods varying from practically a year to eight years and ten months; we lost sight of one.

With both groups of patients we have regularly prescribed moderately active chaulmoogra treatment, given parenterally or by mouth, after the destruction of the lesions. That practice was adopted for two reasons: first, to give better assurance of cure of the disease, and second, to keep in touch with the patients.

TABLE 1.—*Local treatment of tuberculoid cases with limited lesions, 14 by surgical extirpation and 7 by other methods.*

Case	Sex and age	Duration of disease	Clinical form [a]	Lepromin test	Description of lesion and histopathology	Time of operation	Medical treatment until	Time of last observation	Period of observation	Result
					Surgical extirpation					
1. B.P.	F. 19	18 mos.	T1	Positive	Patch on elbow, solitary; pretuberculoid	XII-1930	XII-1934	XII-1938	8 yrs.	Cured
2. C.P.	F. 42	5 mos.	T1	None	Patch on left shoulder, solitary; tuberculoid	VIII-1930	XI-1931	IV-1939	8 y. 8 m.	Cured
3. J.B.	M. 25	1 yr.	T1	None	Lesion on forehead, left, solitary; lupoid	XI-1930	—	1934	4 yrs.	Cured
4. N.G.	M. 22	3 mos.	T1	Positive	Patch on left arm, solitary; pretuberculoid	III-1931	1937	IX-1937	7 y. 6 m.	Cured
5. H.F.C.	F. 21	28 mos.	T1	Positive	Two nummular lesions of arm; tuberculoid	IV-1932	III-1936	XI-1938	6 y. 7 m.	Cured
6. C.C.B.	F. 40	5 mos.	T1	None	Fusiform lesion of forehead, solitary; banal	IV-1933	1934	I-1935	1 y. 9 m.	Cured
7. J.A.	F. 51	12 mos.	T1	Positive	Patch on arm, posterior, solitary. [b]	XII-1932	20 inject.	IV-1939	6 y. 4 m.	Relapsed
8. T.M.	F. 20	3 yrs.	T1	None	Patch on arm, posterior, solitary. [b]	XII-1934	Treating	XII-1938	4 yrs.	Cured
9. T.S.	F. 39	16 mos.	T1	Positive	Patch on wrist, posterior, solitary; major tuberculoid	V-1937	Treating	III-1939	1 y. 10 m.	Cured
10. J.D.	F. 33	27 mos.	T1	Positive	Patch on right arm, solitary; banal	VIII-1937	Treating	III-1939	1 y. 7 m.	Cured
11. J.A.R.	M. 40	1 mo.	T1	Positive	Patch on right calf, solitary; tuberculoid	IX-1937	(?)	IX-1938	1 yr.	Cured
12. A.E.	M. 20	7 mos.	T1	None	Three contiguous, left thigh; tuberculoid	IX-1930	(?)	IV-1931	7 mos.	Cured

13. N.S.	F. 3	13 mos.	T1	None	Fusiform lesion of wrist, solitary; major tuberculoid	XI-1930	—	—	—	(?)
14. L.P.	M. 17	1 mo.	N1	Positive	Enlarged right auricular nerve, solitary; tuberculoid	IX-1934	1936	III-1939	4 y. 4 m.	Cured
Galvanotherapy					*Other methods*					
15. A.C.A.	F. 24	1 yr.	T1	Positive	Two lesions, right arm and left leg.[b]	VIII-1929	1928	VI-1938	8 y. 10 m.	Cured
16. C.F.	F. 27	4 yrs.	T1	Positive	Lesion of superciliary region, solitary; pretuberculoid	XI-1931	XII-1934	VI-1937	5 y. 7 m.	Cured
17. A.S.	F. 12	7 mos.	T1	None	Lesion of root of nose, solitary.[b]	XII-1930	—	—	—	—
Electrocoagulation										
18. V.R.	M. 62	8 mos.	T1	Positive	Two lesions, back and hand, posterior; pretuberculoid	VI-1931	1937	IX-1937	5 y. 3 m.	Cured
19. V.A.M.	F. 64	3 yrs.	T1	None	Lesion of right shoulder, solitary.[b]	XII-1935	Treating	IX-1936	11½ mos.	Cured
Electrocoagulation and surgical extirpation										
20. C.L.	M. 20	6 mos.	T1-N1	Positive	Lesion of forearm and associated nerve; tuberculoid	X-1936	Treating	IV-1939	2 y. 6 m.	Cured
Carbon dioxide snow										
21. M.L.	F. 21	5 yrs.	T1	None	Two lesions, shoulder and leg.[b]	IV-1932	Treating	VII-1937	5 y. 3 m.	Cured

[a] Author's classification: T1=tuberculoid form, mild and limited; N1=pure neural form, limited, monosymptomatic, without maculoanesthetic patches.
[b] Lesion not biopsied.

There was only one case of relapse among the total of 18 patients who were observed for a year or more after the extirpation or destruction of the lesions. This patient (Case 6) was a woman with a solitary cutaneous tuberculoid lesion that was removed surgically, who received only one series of twenty injections of chaulmoogra oil (5 cc. twice a week). After that, considering herself cured, she discontinued the treatment. The relapse took place two years after the operation, around the surgical scar. The new lesion was treated with intradermal injections of chaulmoogra ethyl esters, and intramuscular injections of the same oil were given up to a total of 770 cc. In spite of this, however, new lesions of tuberculoid type appeared on the buttock, and hyperesthesia on the left arm.

We realize that long years of observation and a large number of patients are necessary in order to arrive at definite conclusions from observations such as these. This personal experience will be more valuable if other contributions of the same kind agree with them. Thus far we have been favorably impressed by the results obtained, and will therefore continue to remove or to destroy circumscribed forms of leprosy of the skin or of the nerves, for the same reason and object that we apply with advantage these procedures in suitable forms of lupus vulgaris or tuberculosis of the skin. Furthermore, to obtain the advantages of the treatment by intradermal injections of ethyl esters of chaulmoogra, we shall continue to use it whenever it appears advisable after the removal of solitary lesions in tuberculoid leprosy.

DESCRIPTION OF PLATES

PLATE 2

FIG. 1. Tuberculoid patch on the elbow, Case 1.

FIG. 2. The scar in Case 1, eight years after surgical extirpation. No lesion elsewhere on the body.

FIG. 3. Tuberculoid patch on the posterior surface of the arm, Case 8.

FIG. 4. The scar in Case 8, four years after surgical extirpation. Small keloids resulting from the sutures. No lesion elsewhere on the body.