

## Reply to Dr. van der Meulen and Dr. Mock's Letter to the Editor

### TO THE EDITOR:

The title of Dr. v. d. Meulen and Dr. Mock's Letter to the Editor arose my interest, but I was disappointed. The letter does not contain the well-documented study that I had hoped for, but only a comment on selected patients. Thereabove, they compared two incompatible groups: a group of patients selected on criteria of improvement in nerve function (their study) <sup>(3)</sup> and a group of patients not selected on these criteria (our study) <sup>(2)</sup>. Therefore, the study is biased, and the results cannot be used to stress their arguments.

However, I do agree that DDS can be used in the treatment of a mild reversal reaction as has been previously shown by Haile G/Selassie and Pearson <sup>(1)</sup>. I am therefore not surprised that some patients showing a reversal reaction, who were treated with DDS, have not needed steroids. However, in my opinion, patients whose nerves deteriorate despite effective antileprosy treatment do need steroids. We find that the length of the steroid treatment seems to depend upon the amount of

*M. leprae* antigen and the state of the cell mediated immunity.

A controlled study as proposed by Dr. v. d. Meulen and Dr. Mock seems to be necessary to end our controversy. But if such a study is designed, the patients' rights to the best available treatment must be safeguarded.

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### REFERENCES

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2. NAAFS, B., PEARSON, J. M. H. and WHEATE, H. W. Reversal Reaction: The prevention of permanent nerve damage. Comparison of short and long-term steroid treatment. *Int. J. Lepr.* **47** (1979) 7–12.
3. VAN DER MEULEN, J. and MOCK, B. DDS 100 mg daily, the cornerstone in the management of reversal reaction. *Int. J. Lepr.* **49** (1981) 457–458.