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Simultaneous Type I and Type II Reactions

TO THE EDITOR:

Dr. Pfaltzgraff⁽¹⁾ raises the question of Type I and Type II reactions occurring together. I believe that this is not too rare a combination in BL patients, and in three cases which readily come to mind, it would appear to have been curative.

The first was a teenage girl seen more than ten years ago with numerous, bewilderingly dissimilar skin lesions, before we had considered the possibility of simultaneous Type I and II reactions.

She had been on low-dose dapsone, and while this was raised she was given high-dose steroids. Within a few months there was not a mark on her, and she took herself off treatment. Despite much encouragement to continue with dapsone, she refused. When she became pregnant, we waited for her to relapse but she passed this penultimate test unscathed, and remains well five years later.

Two men have been seen with a similar clinical picture, both with the addition of severe and widespread paralysis. One man

suffered ulceration of numerous nodules and also of most of the patch on one arm which had been his first (presumably BT) lesion years ago. Both made unusually good recoveries on prolonged steroids and clofazimine and, in the last case, with the addition of thalidomide. Of course, one has scars, but their otherwise normal appearance and neurological status is quite remarkable. They both continue to take dapsone, but I have often wondered whether severe and simultaneous Type I and Type II reactions has cured them, as it apparently did the girl.

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Risks of Treating Leprosy in a General Hospital

TO THE EDITOR:

The paper of Mathai, Rao and Job, "Risks of Treating Leprosy in a General Hospital,"⁽⁶⁾ contains very valuable data for persons who must design health care and leprosy control programs in highly endemic areas,

such as India. It would seem to be very desirable that the medical care of leprosy patients should be incorporated into the same system of general medical care available to patients with other diseases. Whereas prolonged isolation of patients with mul-