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Treatment Regimens in Paucibacillary Leprosy

TO THE EDITOR:

I find it puzzling that Katoch, *et al.* ([2]) in their trial of three treatment regimens in paucibacillary (PB) leprosy found 32 patients (out of 207 tested) to be Mitsuda negative. We are not told how positive and negative cases are distributed in the three types of leprosy (indeterminate or I, borderline tuberculoid or BT, and polar tuberculoid or TT) included in the trial, so presumably some of the Mitsuda negatives were among the 29 indeterminate cases. But even so, an explanation is needed as to why some of the BT cases (surely not TT cases?) were negative. Two explanations come to mind: a) The authors break new ground by considering a papule of 5 mm in diameter the minimum size of a positive Mitsuda reaction. The generally accepted terminology is "negative" for absence of anything to see or feel at the test site, "doubtful" for a papule measuring 1 mm or 2 mm in diameter, and "positive" for one measuring 3 mm or more ([1]). We are entitled to ask how many reactions measuring 1–4 mm were recorded as "negative" in this report? Had they been labeled "doubtful," we would have known. b) Mitsuda lepromin supplied by the National Institute for Medical Research, London, carries the warning that the shelf life is 2 years. Had the lepromin used in this trial exceeded its shelf life?

In my 25 years of leprosy work in London, I tested many histologically proven BT patients with Mitsuda lepromin and never encountered a negative result, hence my surprise that so many "negatives" were recorded among PB patients in this trial. This letter is an attempt to find explanations for these bizarre findings, and to counter the impression that the lepromin test is of no help in designating patients as paucibacillary. The reverse is the truth, for a positive Mitsuda reaction will give reliable support for inclusion in the PB group; whereas a negative reaction makes a biopsy mandatory.

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