

Thalidomide and Exfoliative Dermatitis

TO THE EDITOR:

The side effects of thalidomide are too well known^(1-3, 5, 6) to be listed again here. Dr. Jopling⁽⁴⁾ has provided a comprehensive list of these side effects. We field workers have recently observed a side effect which, to our knowledge, has never been reported before.

A 50-year-old male Indian leprosy patient, lepromatous (LL) in type as determined by clinical and laboratory tests, is reported. The bacterial index was 4+, 3+, 2+, and 2+ (Ridley scale) on 15 September 1986. The patient was having recurrent episodes of type 2 reaction which responded well to a high dosage of steroids, but seemed to be refractive to a maintenance dosage of 10 mg of prednisolone.

When the patient last reported to our clinic with a new episode of erythema nodosum leprosum (ENL), we decided to try thalidomide. Accordingly, the patient was given 1 tab QID. During the first few days the patient showed some improvement as expected and was quite comfortable. On the fifth day the patient developed erythrodermia associated with a burning sensation all over the body and puffiness of face. The following day the erythema was pronounced; there was scaling and chills were present. Two days later we could see a full-blown clinical picture of exfoliative dermatitis. At this stage, thalidomide was withdrawn and the patient was put on prednisolone. His condition subsided in 10 days.

We would like to point out that no other drugs were being administered to the patient

when the exfoliative dermatitis started to develop except dapsone (DDS) 50 mg OD and BC. This drug has been given to the patient for the last 10 years, even during previous episodes of ENL, and never before had the patient reported with exfoliative dermatitis. We feel that in this case there is a direct relation between thalidomide and exfoliative dermatitis since no other drug could be responsible.

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A Large Hypoanesthetic Patch in Borderline Tuberculoid Leprosy

TO THE EDITOR:

The clinical course of human leprosy is variable and is determined by the cell-mediated immune response of the individual host against *Mycobacterium leprae*⁽⁴⁾.

Hence, the cutaneous manifestations differ according to the type of disease in the leprosy spectrum, ranging from tuberculoid leprosy (TT) to lepromatous leprosy (LL)⁽²⁾. The skin lesions in TT and borderline