CORRESPONDENCE

This department is for the publication of informal communications that are of interest because they are informative and stimulating, and for the discussion of controversial matters. The mandate of this JOURNAL is to disseminate information relating to leprosy in particular and also other mycobacterial diseases. Dissident comment or interpretation on published research is of course valid, but personality attacks on individuals would seem unnecessary. Political comments, valid or not, also are unwelcome. They might result in interference with the distribution of the JOURNAL and thus interfere with its prime purpose.

Cutaneous Lymphoma Masquerading as Lepromatous Leprosy

TO THE EDITOR:

A 15-year-old boy presented with generalized pruritus with ichthyosis and hyperpigmentation of the skin of 10 years' duration and generalized infiltration of the skin with beaded thickening of the earlobes and superciliary madarosis (Fig. 1) of 6 months' duration. Other systems were clinically normal except for generalized lymphadenopathy and mild splenomegaly. A clinical diagnosis of lepromatous leprosy was made, but repeated slit-skin smears from the earlobes did not reveal any acid-fast bacilli. A blood test showed a total white blood cell count of 20,000/cmm. Examination of the bone marrow revealed diminished numbers of mature cells and the predominance of myelocytes and lymphoblasts. The diagnosis of cutaneous non-Hodgkin's lymphoma was confirmed by a skin biopsy which showed dense subepidermal infiltrations by sheets of hyperchromatic round cells with minimal cytoplasm (Fig. 2). A section of a lymph node showed a loss of normal architecture and its replacement by sheets of immature and atypical lymphocytes.

Non-Hodgkin's lymphomas are known to begin with skin lesions and remain localized to the skin for months or years before visceral involvement becomes evident ([2]). The specific cutaneous lesions are firm pink or red solitary nodules involving the skin of the head and neck region. Nonspecific skin lesions, like pruritus, generalized ichthyosis and hyperpigmentation as seen in our patient, are rare ([3]). Lepromatous leprosy may sometimes have to be differentiated from dermal leishmaniasis, nodular syphilides leukemia cutis, and histiocytic lymphoma ([1]). Malignant lymphomas constitute only

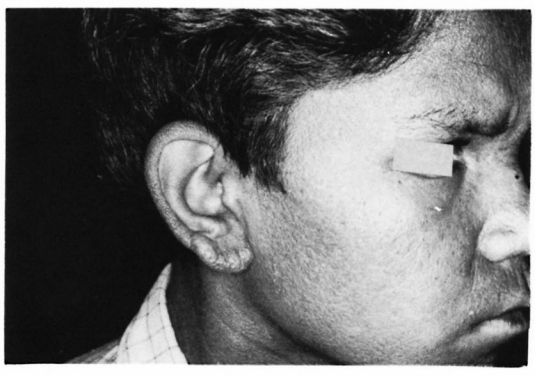

FIG. 1. Cutaneous lymphoma seen on ear.

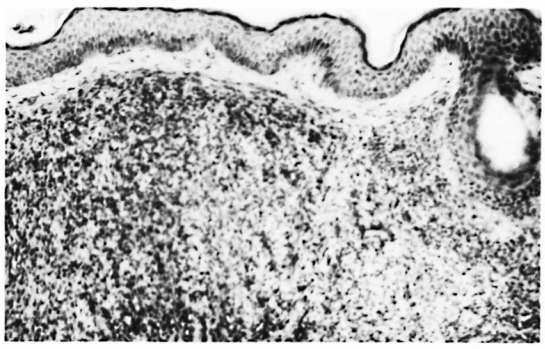

FIG. 2. Subepidermal monomorphous population of lymphoid cells (H&E ×125).

2.34% of all cancer cases in India ([4]). Our patient was misdiagnosed as lepromatous leprosy because of dense infiltrations of the face and earlobes.

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Single Lesion Subpolar Lepromatous Leprosy and Its Possible Mode of Origin

To the Editor:

It is, indeed, intriguing to go through the article titled above by eminent authors ([1]), supplementing their observation made earlier ([12]). They have undoubtedly endeavored to put forth a provocative and innovative hypothesis on the backdrop of intensive current research on animal inoculation and the armadillo as a model for human leprosy. One would have thought it imperative, however, to clearly define the criteria for arriving at a diagnosis of subpolar lepromatous leprosy, which appears to be the major thrust of the article. There are certain glaring omissions of clinical data which, it appears, make it convenient to come to the above diagnosis. Although the morphological characteristics of the lesions are well described, the details regarding evolution of the lesions supplied to the reader can hardly be called lucid and, if elaborated further, may have strengthened the hypothesis advanced by the authors.

There is hardly any dispute as far as inoculation as a mode of transmission of leprosy is concerned. This has been illustrated through several recent reports ([2–8]). In these reports, the cases usually conform to either indeterminate, borderline tuberculoid, or tuberculoid tuberculoid leprosy. Furthermore, the location of the lesions was usually on areas amenable to trauma ([6]). Lepromatous leprosy has thus far never been reported, and the authors need to be complimented for endeavoring to do so. However, the sequence of events resulting in a single isolated nodule of subpolar lepromatous leprosy, in the absence of any immunological evidence for the same, remains unconvincing. The lepromin skin test, other clinical tests to determine the status of the cell-mediated delayed hypersensitivity, tests