

Anti-Cardiolipin Antibodies in Mexican Lepromatous Leprosy Patients

TO THE EDITOR:

Anti-phospholipid antibodies, especially anti-cardiolipin antibodies (ACA), have received careful attention mainly due to their presence in some infectious and autoimmune disorders where they have been associated with several clinical features^(3,4). Such antibodies are also related to the biological false-positive reactions of syphilis, as can be demonstrated with non-treponemal tests such as the VDRL (Venereal Disease Research Laboratory) test⁽²⁾. In leprosy patients, both ACA⁽⁶⁾ and VDRL-positive reactions⁽¹⁾ are commonly present with no completely documented significance in the pathogenesis of the disease.

In a preliminary investigation looking for the relationship between ACA, VDRL antibodies and leprosy, sera from 56 lepromatous leprosy (LL) patients of Mexican Mestizo ethnic background, 18 of them undergoing erythema nodosum leprosum (ENL), were studied. The clinical and histopathological diagnosis and classification of the cases were made by experienced staff. All sera were assayed for VDRL antibodies by the standard slide flocculation method, and for IgM, IgG and IgA ACA, with the ELISA procedure proposed by Loizou, *et al.*⁽⁵⁾ with slight modifications. The results were compared with those found in sera from 35 VDRL- and ACA-negative healthy individuals from a nonendemic area. In the ACA tests, positive values were defined as an optical absorbance (OA) > 5 standard deviations above the mean control value of the corresponding IgM, IgG or IgA determinations. This criterion was adopted because it assures the total exclusion of doubtful or false-positive results in the test.

The results obtained in the ACA determinations are presented in The Table. No differences were found in antibody levels in the presence or absence of ENL, and IgM antibodies were in a higher proportion than IgG or IgA. Regarding the VDRL antibodies, 44.4% of all LL cases had positive reactions without any correlation with either ENL reaction or the results in ACA evaluation.

The results are in agreement with other similar data for leprosy⁽⁶⁾ in spite of differences in the method employed for the ACA determination. The analysis of the clinical records of our ACA-positive patients does not show the presence of any pathological feature already associated with the anti-phospholipid syndrome. Prospective clinical and immunological studies of these patients looking for specific signs and symptoms of the syndrome are now in progress.

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THE TABLE. *Isotypic anti-cardiolipin antibodies (ACA) in sera from LL patients.*

Group tested	No. sera	IgM ACA		IgG ACA		IgA ACA		Total ACA	
		Positive	%	Positive	%	Positive	%	Positive	%
LL without reaction	37	13	35.1	8	21.6	1	2.7	18	48.6
LL + ENL	18	6	33.3	4	22.4	1	5.6	9	50
Total	55	19	34.5	12	21.8	2	3.6	27	49.1

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Trichosporon beigeli Infection in Hansen's Disease

TO THE EDITOR:

Fungi of the genus *Trichosporon* are known to cause superficial mycotic infections (white piedra) characterized by the presence of hard nodules along the hair. White piedra is reported to be present mostly in temperate and tropical regions, and

one case has been reported from India^(1,3). We report isolation of *Trichosporon beigeli* from a long-standing ulcer over an anesthetic Hansen's lesion.

A 60-year-old male with lepromatous leprosy of 20 years duration presented with a nonhealing ulcer of 3 years duration over the anterior aspect of the right ankle. The ulcer was present over the anesthetic skin. Measuring 3 cm in diameter with necrotic debris in the floor, with an indurated base and raised hyperkeratotic margins, the ulcer was biopsied to rule out fungal infection or malignancy. A culture of scrapings from the margin of the ulcer grew *Trichosporon bei-*

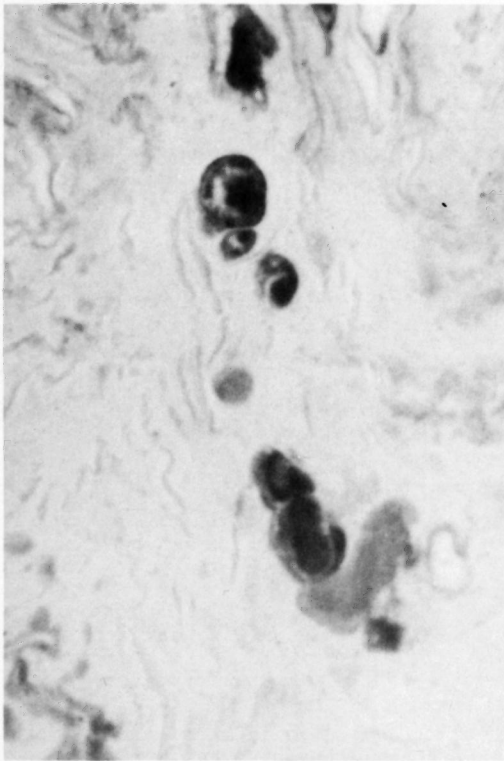


FIG. 1. Skin biopsy showing yeast phase of *T. beigeli* in the dermis (hematoxylin and eosin, $\times 400$).

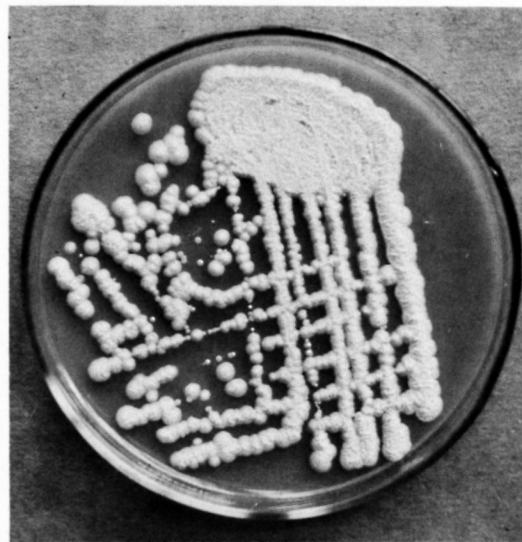


FIG. 2. *T. beigeli*, soft, wrinkled, off-white colonies on Sabouraud dextrose agar without antibiotics.