On Histopathological Monitoring of an Immunotherapeutic Trial with *Mycobacterium w*

TO THE EDITOR:

With reference to the article published in the JOURNAL (Vol. 60, No. 1 March 1992 pp. 28–35) entitled "Histopathological Monitoring of an Immunotherapeutic Trial with *Mycobacterium w*," we wish to offer the following comments.

1. It is quite unusual to see so much difference in the number of patients belonging to experimental and control groups with random allocation. It is also not clear as to why 16 patients belonging to the I and BT groups were included in the trial and put on multibacillary MDT instead of paucibacillary MDT.

2. Data from biopsies taken 12 and 24 months alone were presented. It is not understood why the information available at 6 and 18 months was not presented.

3. The fall in the bacterial index (BI) to 0 will be a good indicator if the initial BIs of the two groups were comparable. The article is silent about the initial BIs of the groups.

4. It is doubtful whether the granuloma fraction (GF) could be a useful indicator of immunotherapeutic effect when it is known that the GF shows considerable variation within the same lesion and at different planes of the same biopsy specimen.

—Dr. B. N. Reddy
Director
—Dr. D. Porichha
Assistant Director
Regional Leprosy Training and Research Institute
Raipur
Madhya Pradesh, India

Histological Analysis of the Mitsuda Reaction in Contacts of Multibacillary Leprosy Patients

TO THE EDITOR:

Despite recent advances in the immunology of leprosy, the well known Mitsuda reaction can still provide important information in the interpretation of different immunological behaviors related to this disease. In a recent paper we evaluated clinical and histological responses to the Mitsuda antigen in 40 contacts of multibacillary (MB) patients, 23 non-consanguineous and 17 consanguineous contacts. Eight contacts presented both clinically and histologically negative responses, 6 consanguineous and 2 non-consanguineous. The histological analysis in 3 consanguineous contacts revealed only the presence of nonspecific focal inflammatory infiltrate with lymphohistiocytes within the dermis but no acid-fast bacilli (AFB). The other 3 consanguineous contacts showed histiocytic responses either as sparse nonepithelioid macrophage cells amid the collagen or as a histiocytic aggregate, micronodular, nontuberculoid structure. Out of the 6 consanguineous contacts, 3 presented AFB. The 2 non-consanguineous contacts showed only a nonspecific, focal lymphohistiocytic reaction pattern with no AFB ([5]).

In a bibliographic review of papers dealing with the histological patterns of Mitsuda reactions in healthy persons, we found that authors refer to only two histological patterns: namely, a negative one of the nonspecific type with no AFB and a pattern of chronic, granulomatous tuberculoid reaction generally presenting no AFB ([3,*]). The pattern of the sparse histiocytic reaction or

* Dillon, N. L., *et al.* Lavantamento dermatológico de escolares. In: Resultados dos trabalhos executados no Campus Avancados de Humaltá (AM) em 1976. Botucatu: UNESP, pp. 42-98, 1978 (report not published).