

erythematous, 1–2 cm, firm, tender, subcutaneous nodules and pustules present predominantly on the extensor aspects of the arms and legs, and a few crusted punched-out ulcers discharging seropurulent material. There was neither thickening nor tenderness of any of the peripheral cutaneous nerves. No significant lymphadenopathy was present, and a systemic examination was within normal limits.

Ziehl-Neelsen staining of a pus smear revealed AFB in clumps, and a slit-skin smear examination from the earlobes and eyebrows showed a bacterial index (BI) of 5+. The morphological index (MI) from the pus and slit-skin smear was 5% and 25%, respectively. Hematological investigations revealed a normal hemogram with a raised ESR (64 mm in first hr, Westergren). His renal and liver function tests were within normal limits, and examinations of urine and stool showed no abnormalities.

A skin biopsy showed a foamy macrophage granuloma throughout the dermis with neutrophilic, leukocytoclastic vasculitis. Ziehl-Neelsen staining of tissue for AFB showed fragmented and granular bacilli. The patient was treated with oral cephalexin 2 g, prednisolone 20 mg, rifampin 600 mg, clofazimine 300 mg, and dapsone 100 mg daily. All of the pustular lesions subsided within 1 week, and all of the nodular lesions flattened by more than 80% in 2 weeks. After 2 weeks, the cephalexin was stopped and the prednisolone reduced to 10 mg daily, but he continued on other antileprosy drugs in the same dosages. The patient had a similar episode within an interval of 1 month, while he was still on the same treatment. This time he was treated with prednisolone 30 mg, rifampin 600 mg, clofazimine 300

mg, and dapsone 100 mg daily. Pustular lesions subsided within a week, at which time he was put on thalidomide 300 mg daily. The prednisolone was tapered off slowly over the next 2 weeks, and the thalidomide was withdrawn completely within the next 2 subsequent weeks. The patient is now on the World Health Organization's regimen for multibacillary leprosy, and has not had any episodes of ENL in the last 1½ years.

The purpose of this report is to highlight an unusual presentation of lepromatous leprosy, presenting as pustular erythema nodosum leprosum.

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### Attempts to Grow *Mycobacterium leprae* in a Medium with Palmitic Acid as the Substrate

TO THE EDITOR:

To use a multifactorial medium under microaerophilic conditions has been proposed by Kato<sup>(4)</sup> in cultivation trials for *Mycobacterium leprae*. Recently, Ishaque

<sup>(3)</sup> investigated the effects of various known gas mixtures on the growth of *M. leprae*. An optimal growth, although limited, on both solid and liquid media was obtained when the cultures were incubated under a gas mix-

ture containing 2.5% O<sub>2</sub> and 10% CO<sub>2</sub>. No substrate has yet been identified which can serve as a source of energy and carbon for the multiplication of *M. leprae*. Franzblau (1) reported evolution of CO<sub>2</sub> during the incubation of *M. leprae* with palmitic acid. Wheeler, *et al.* (8) have indicated that *M. leprae* requires an exogenous source of fatty acid. Ishaque (2) has provided direct evidence for the oxidation of palmitic acid by *M. leprae*. Based on the effect of classical inhibitors of the electron transport chain, participation of the cytochrome system has been suggested strongly during the oxidation of palmitic acid by *M. leprae*. These studies suggest that palmitic acid possibly could serve as an oxidizable substrate for the growth of *M. leprae*. Attempts were thus made to cultivate *M. leprae* using an optimal gas mixture, i.e., 2.5% O<sub>2</sub> and 10% CO<sub>2</sub>, in a medium containing palmitic acid as a substrate.

During these studies, *M. leprae* were isolated from the foot pad lesions of nude mice (athymic) which previously had been infected with human leprosy bacilli. A bacillary suspension was prepared to contain  $5 \times 10^8$  bacilli per ml. Both liquid and solid media were used. The liquid medium contained (NH<sub>4</sub>)<sub>2</sub> SO<sub>4</sub> 0.2 g; KH<sub>2</sub> PO<sub>4</sub>, 1.0 g; glycerol 2.5 g; MgSO<sub>4</sub> · 7H<sub>2</sub>O, 0.2 g; sodium thioglycolate, 0.4 g; hemin 0.0002 g; sodium palmitic acid, 0.002 g and 100 ml of water. The solid medium, in addition, contained 200 ml of egg yolk.

Several tubes containing 9 ml of the liquid medium were inoculated with 1 ml of the bacillary suspension. To inoculate the solid medium, foot pad lesions were cut into small pieces and a paste was prepared by mincing the tissues in a 2% NaOH solution using a mortar and pestle. Several tubes containing the solid medium were inoculated with 0.3 ml of the bacillary paste. The inoculated tubes were placed in an anaerobic jar. The jar was closed, excess air was removed from the jar, and the cultures were incubated at 34°C in a gas mixture containing 2.5% O<sub>2</sub>, 10% CO<sub>2</sub> and 87.5% N<sub>2</sub>. Some inoculated tubes containing liquid and solid media without palmitic acid were also incubated under the same gas mixture. The jars were opened every 2 weeks for observation, and the cultures were reincubated. In parallel, some inoculated tubes contain-

ing liquid and solid media with and without palmitic acid were incubated as such, i.e., under normal air at 34°C.

The multiplication was evaluated by counting the acid-fast bacilli (AFB). To count the bacilli in the liquid medium, 1-ml aliquots were removed at the time of inoculation (0 hr) and at various time intervals, and the final volume was made to 10 ml with sterile 0.1% skim milk. In order to count AFB from the solid medium, the entire growth from the surface of the medium was removed, homogenized in about 50 ml sterile distilled water, and the final volume was made to 100 ml in 0.1% skim milk. All dilutions made in 0.1% skim milk to count the AFB were sonicated for 30 sec just before staining. This technique resulted in single cells, and no clumping of the bacilli was observed in the stained preparations.

Acid-alcohol-fast bacilli (AAFB) were stained and counted by the method of Shepard and McRae (7). In tubes incubated under a gas mixture containing 2.5% O<sub>2</sub>, no growth was observed during the first 2–3 weeks of incubation. Thereafter, growth was observed and after 16 weeks of incubation, a sixfold increase in the number of AAFB was obtained. The number of AAFB remained the same up to 20 weeks and then slowly declined. No multiplication of AAFB occurred in a liquid or solid medium without palmitate when incubated under air or the gas mixture. However, it is interesting to note that sixfold increases in AAFB were observed when the cultures were incubated under air for 12 weeks in the liquid medium or solid medium which contained palmitic acid.

The morphology of the bacilli was well maintained. The bacilli did not grow on Lowenstein-Jensen, Dubos, or egg-yolk media. The bacilli recovered from the liquid and solid media grown for 12–16 weeks showed 3,4-dihydroxyphenylalanine (DOPA) oxidase activity, a characteristic specific for *M. leprae* (6). Such bacilli also exhibited good endogenous respiration. These observations indicated that the bacilli were, in fact, viable. To further confirm the viability and authenticity of *M. leprae*, the hindfoot pads of two groups of five female nude mice 6 weeks of age were infected with the bacillary suspensions (containing  $1 \times 10^7$  bacilli) recovered from the solid and

liquid cultures grown for 12 and 16 weeks. In parallel, hindfoot pads of five nude mice were also infected with the suspension (containing  $1 \times 10^7$  bacilli) prepared from foot pad lesions of nude mice previously infected with *M. leprae*. It was observed that the hindfoot pads of all of the mice infected with the above-mentioned preparations were slightly swollen after about 8 months of infection. Experience has shown that such mice will develop full lepromatoid lesions on the food pads 13–16 months postinfection.

An important aspect of this study is the role of palmitic acid for the growth of the bacilli in the synthetic medium in the presence of air. The use of any gas mixture is quite tedious, time-consuming and laborious. The use of palmitic acid in the presence of air for *in vitro* cultivation trials of *M. leprae* eliminates the use of any gas mixture.

Recently, water-soluble palmitic acid has become available<sup>(5)</sup>, and further studies are in progress to compare the role of insoluble and water-soluble palmitic acid in metabolic studies and in cultivation trials of *M. leprae*.

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## Leprosy; Another Possible Source of Transmission

TO THE EDITOR:

Armadillos, sooty mangabey monkeys, chimpanzees and other primates have been examined by various workers at various times using clinical and experimental methods<sup>(1, 4, 11–13)</sup> for affliction with leprosy and for their possible role in transmission. According to Meyers, *et al.* (7), “. . . there seems ample justification for undertaking, forthwith, carefully designed surveys for enzootic leprosy in some of the major endemic areas.” These authors suggest that such surveys should be initiated in the natural habitats of the mangabey monkey and the chim-

panzees in West Africa. As a means of understanding the behavior of *Mycobacterium leprae*, this is an excellent suggestion. However, any hypothesis regarding transmission of leprosy from nonhumans to humans must, of necessity, take into consideration a “most common factor” which should be consistent with regard to time and place. For example, sooty mangabey monkeys, chimpanzees, and armadillos simply do not exist in some of the most endemic areas of leprosy today. They could not have figured in the transmission in Norway before it disappeared completely, after making