mented and granular bacilli. The pregnancy and subsequent delivery were uneventful both with regard to its effect on the course of the disease or reactions and with regard to the effect of the drug on the mother or child.

The number of patients who refuse clofazimine is not very large. Some patients, however, particularly young unmarried girls, refuse it because of the skin pigmentation and its social consequences. In such cases, the combination of rifampin, ofloxacin and minocycline as a convenient pulse regimen is effective in reducing the BI.

Regimens containing ofloxacin are found to increase the likelihood of reactions ([4]). Although reaction occurred twice in this patient, it was mild and was controlled with a course of low-dose prednisolone (20 mg tapered over 4 months) with no permanent residual nerve damage. Histology was that of an upgrading reaction, indicating an increase in cell-mediated immunity with the overall benefit of bacterial clearance and resolution of granuloma. However, further studies need to be carried out to closely monitor the frequency and severity of reactions and neuritis in patients on ROM.

In conclusion, this case highlights the operational ease of administration of a pulse ROM regimen in MB leprosy and its therapeutic efficacy in producing clinical improvement and bacterial killing, fall of BI and resolution of the granuloma.

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Does Dapsone Resistance Really Matter in the MDT Era?

To the Editor:

In a Letter to the Editor ([4]), Dr. Paul W. Roche and his colleagues presented the results of drug susceptibility testing of 268 clinical isolates of *Mycobacterium leprae* by means of the mouse foot pad technique between 1987 and 1999 at Anandaban Leprosy Hospital, Kathmandu, Nepal. Their results are interesting. However, their opinion about the significance of high-level, primary resistance to dapsone (DDS) in the era of multidrug therapy (MDT) is open to argument.

Roche, *et al.*, proposed that "It will be important to monitor the trends in the level of resistance as well as the frequency of primary dapsone resistance . . ." ([4]), because "MDT efficacy could be severely compromised if high-level primary dapsone resis-

tance becomes highly prevalent." ([4]). In fact, the MDT regimens, i.e., two drugs [DDS and rifampin (RMP)] for paucibacillary (PB) leprosy and three drugs (DDS, clofazimine and RMP) for multibacillary (MB) leprosy, were designed on the principle that they would be effective against all the strains of *M. leprae* regardless of their susceptibility to DDS ([6]). Hence, whether the global prevalence of DDS resistance is increasing or declining is virtually irrelevant to the therapeutic effect of MDT ([5]), and there is no need to closely monitor trends of resistance to DDS.

Roche and his co-authors expressed their concern regarding the gradual disappearance of mouse foot pad laboratories ([4]). Unfortunately, for various reasons, this is probably an irreversible trend; sooner or later, the susceptibility of *M. leprae* to drugs will be tested by molecular genetic methods ([1,2]) rather than by the mouse foot pad technique. Moreover, instead of DDS-resistance, one should pay attention especially to resistance to RMP, by far the most powerful bactericidal drug against *M. leprae* ([3]), and an irreplaceable component of the MDT regimens.

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"Metabolic Theory of Leprosy"

To the Editor:

I have read the commentary of the book *Metabolic Theory of Leprosy* (IJL 68;333, 2000). Almost the entire article deals with matters unrelated to the metabolic theory. Only three paragraphs refer to it, and in a wrong way:

a) the paragraph "the treatment should consist in antioxidant diets" is false;

b) the paragraph ". . . and that should not be killed (*M. leprae*)" was extracted from: "the treatment of leprosy should be centered on the autooxidative disease and not on *M. leprae*. The use of rifampicin as monotherapy demonstrates that it is harmful to act solely on *M. leprae*." As a matter of fact, dapsone does not act on *M. leprae*, but on autooxidative disease.

The comment of Dr. Hastings is very poor and in part is false. Also, it does not give to the readers any idea about the mentioned theory.

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