

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.

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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 aggre-

gate, 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).

micronodular nontuberculoïd granuloma showing AFB was only mentioned in papers studying the Mitsuda reaction in MB cases (1, 2, 4).

We found in the biopsies of the Mitsuda reactions of the consanguineous contacts of MB cases a nontuberculoïd histiocytic infiltrate with AFB. Comparing these observations with the findings in the literature cited above, the following question can be raised: Could this histological pattern in these contacts indicate a subclinical infection?

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REFERENCES

1. ARRUDA, M. S. P., ARRUDA, O. S., FLEURY, R. N., GARCIA, D. O., OPROMOLLA, D. V. A. and URA, S. Estudo da imunidade celular em pacientes branqueados. *Med. Cut. Iber. Lat. Amer.* **10** (1982) 231–238.
2. BECHELLI, L. M., RATH DE SOUZA, P. and QUAGLIATO, R. Correlação entre os resultados da leitura clínica e do exame histopatológico da reação de Mitsuda. *Rev. Bras. Leprol.* **27** (1959) 172–182.
3. PETRI, V. and BEIGUELMAN, B. Histology of the Mitsuda reaction of healthy adults with no known contacts with leprosy patients. *Int. J. Lepr.* **53** (1985) 540–545.
4. THOMAS, J., JOSEPH, M., RAMANUJAM, L., CHACKO, C. J. G. and JOB, C. K. The histology of the Mitsuda reaction and its significance. *Lepr. Rev.* **51** (1980) 329–339.
5. TRINDADE, M. A. B. *Reação de Mitsuda em contatos consanguíneos e não consanguíneos de doentes de hanseníase com formas bacilíferas*, thesis. Escola Paulista de Medicina, São Paulo, Brazil, 1987.

International Gandhi Award

TO THE EDITOR:

The Gandhi Memorial Leprosy Foundation (GMLF) introduced the International Gandhi Award in 1986. The Award is given every second year on 30 January at the hands of the President of India.

The Award is being looked after by the International Gandhi Award Committee under the Chairmanship of Shri. K. R. Narayanan, the Vice President of India. Shri. J. S. Tilak, Chairman of the Maharashtra Legislative Council, is Vice Chairman of the Committee. Other members of the Award Committee include the Honorable Ministers for Health and Family Welfare, Social Welfare, Information and Broadcasting, and for Foreign Affairs, and eminent persons. Dr. S. K. Gokhale is the Convenor of the Committee.

The nominations received are examined by an International Expert Group which recommends three names in order of grading to the GMLF. Final selection of the recipient will be by the GMLF. The members of this group include the Chief, Leprosy Di-

vision, World Health Organization; the President of the International Leprosy Association; the Chairman of GMLF; Dr. V. Ramalingaswamy, Special Advisor to Executive, UNICEF; and Dr. E. Megagulu, Swaziland National Society for Handicapped, Africa.

The Award consists of: a) one hundred thousand rupees, b) a gold medallion, and c) a citation. The presentation of the Award by His Excellency, the President of India, is at a public function held in New Delhi on 30 January.

The Award is open to any person of any nationality and religion who has worked in the field of leprosy for a period of not less than 10 years and made an active contribution in any aspect of leprosy work resulting in the amelioration of suffering of leprosy patients, enabling them to lead a normal, useful life in society.

I am writing this letter to invite nominations from every country. The last date for receiving nominations for the 1994 Award is 15 June 1993. They may be sent