



Correspondence

Edited by Stephen P. Stone, MD

Comment to the contribution, “Leprosy: A great imitator”



We have read with great interest “Leprosy: A great imitator,”¹ which has detailed various aspects of leprosy. We wish to provide additional information and to emphasize several important points.

Updated information

The recently updated World Health Organization (WHO) treatment guidelines provide for three drugs, instead of the current regimen of two, in the treatment of paucibacillary leprosy. This recommendation includes rifampicin, dapsone, and clofazimine for 6 months based on the various studies that have shown improvement in both clinical and histopathologic disease changes² and to continue the existing treatment regimen for 12 months in the case of multibacillary leprosy. Table 1 shows the dosage of the three agents for adults, various types for children under (10–14 years) and children weighing <40 kg, which remains the same (Table 1).

For prophylaxis, the WHO updated guidelines recommend single dose rifampicin for the contacts of newly diagnosed cases.³ These include the close contacts, as well as other household contacts, who provide consent for treatment. This strategy will hopefully prevent transmission of the leprosy bacillus in endemic areas. Another strategy recommended for prevention utilizes vaccination with *Mycobacterium indicus pranii* in developing countries like India.³

About treating lepra reactions, such reactions must be properly classified according to severity. While the authors have discussed the treatment of the lepra reaction in general with the use of steroids, the two indications for using steroids should be divided into absolute and relative indications. The absolute indication is a severe reaction with neuritis as a mandatory presence. The relative indication is the severe form of reaction in which there is no neuritis, where steroids are used to suppress severe inflammation. The severe form results in a

fever above 37.8°C with edema of the hands and legs in both type of reactions, including ulcerative erythema nodosum leprosum, organ involvement (eg, iridocyclitis), lymph node enlargement, and orchitis, particularly in type 2 reactions. In mild categories of both the types that were not a part of all the above findings, steroids should not be used. Only nonsteroidal antiinflammatory drugs should be used along with vitamins and calcium supplements. In the case where there is a need for steroids, the dosage should be used appropriately with a dose of 1 mg/kg body weight per day⁴ or 40 mg per day as per the WHO protocol and tapered according to the clinical response (Table 2).

The management of type 2 reactions with clofazimine should be initiated with 300 mg per day in three divided doses and later reduced as per the response (Table 3), but not before 6 weeks, as the antiinflammatory mechanism action of clofazimine as an antiinflammatory may be delayed. Clofazimine may be given for up to a maximum of 12 months.⁵

Conclusions

Leprosy is the great imitator. Currently, apart from the routine clinical diagnosis with smear and biopsy, the use of polymerase chain reaction (PCR) in the diagnosis has become advantageous. Even though it is said that a biopsy is the gold standard in the era of development, a biopsy for PCR and real time PCR helps in the cases that are particularly difficult to diagnose, such as those cases where the clinical features resemble leprosy but do not fit into the WHO clinical classification (ie, clinical features suggestive of borderline or lepromatous leprosy but with negative smears or chronic inflammation that suggests leprosy in the differential diagnosis).

Pugazhenthana Thangaraju, MD, DNB, MNAMS
 E-mail address: drpugal23@gmail.com

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Table 1 Recent updated Guidelines

Age group	Dosage and frequency	Classification	Duration(Months)
Children <10 years old or < 40 kg	Rifampicin (10 mg/kg) once month	MB	12
	Clofazimine (6 mg/kg) once a month and (1 mg/kg) daily	PB	6
	Dapsone (2mg/kg) daily		
Children (10–14 years)	Rifampicin 450 mg once a month	MB	12
	Clofazimine 150 mg once a month, 50 mg daily	PB	6
	Dapsone 50 mg daily		
Adult	Rifampicin 600 mg once a month	MB	12
	Clofazimine 300 mg once a month and 50 mg daily	PB	6
	Dapsone 100 mg daily		

Table 2 Steroid (Prednisolone) protocol in reaction

Duration	Dosage mg /day
2 weeks	40 mg or 1 mg/kg/body weight
2 weeks	30 mg
2 weeks	20 mg
2 weeks	15 mg
2 weeks	10 mg
2 weeks	5 mg

Table 3 Clofazimine in type 2 lepra reaction

Duration	Dosage mg /day
1-3 months	300 mg
4-6 months	200 mg
After 6 months till 1 year	100 mg or reduction to zero.

References

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