

## Letter to the Editor

### **REF: ROLE OF AZATHIOPRINE IN PREVENTING RECURRENCE OF ENL IN A PATIENT – ARTICLE BY KK VERMA *ET AL.* LEPR REV (2006) 77: 225–229**

This an interesting article. We too manage recurrent ENL with prednisolone and clofazimine only; we do not have any other alternative drug in rural leprosy centre. We agree with the authors: ENL is a common and serious immuno-inflammatory complication seen in MB leprosy patients. The condition can be chronic and recurrent. Thalidomide is the drug of choice, but it is a poorly accessible and expensive drug. Prolonged use of corticosteroids is associated with serious side effects.

We do not agree with the authors: Slit skin smear examination revealed a BI of 2 + from earlobes and 3 + from patches in a patient with hypoaesthetic hypopigmented patches, symmetrical peripheral nerve thickening with no detectable nerve function impairment. Histopathology showing features of LL. There are number of contradictions in this paragraph.

Generally LL is loose granuloma, manifesting with infiltration and innumerable skin lesions that do not show anaesthesia but contain plenty of lepra bacilli, earlobes are more positive than the patches. In our series patients who suffered recurrent ENL are physically and mentally in poor health, emaciated, feverish, and often show non-specific deformity of hands and feet. They continue to have low grade fever, malaise, weakness, and joint pains for quite long time. However in the referred article the patient became symptom free.

*Sadar Hospital, Chaibasa, Jharkhand, India*  
(e-mail: sunkadmohan@yahoo.com; mohansunkad52@rediff.com)

MOHAN SUNKAD