TREATMENT OF LEPROMATOUS LEPROSY WITH CLOFAZIMINE (B-633 LAMPRENE)

T. V. VENKATESAN

Summary

The present clinical study comprises of eleven lepromatous leprosy patients. In all these patients lepra reaction was noticed. These patients were previously taking sulphones. Patients were followed for two years and the results are given.

Introduction

Reaction in lepromatous type of leprosy[1] is associated with constitutional symptoms such as fever, malaise and bodyaches and may be one of two types.

In the progressive lepromatous reaction, the existing lesions show aggravation. Nodules may vesiculate or suppurate giving rise to abscess and ulcers. In severe cases mucus membrane of nose becomes inflammed and oedematous, causing blockage of the nose. In addition fresh lepromatous nodules may appear.

The erythema nodosum leprosum (ENL) of Wolcott is the second and more common type of reaction. It occurs in patients with lepromatous and borderline leprosy. Multiple symmetrical reddish nodules appear on the skin. The nodules may vary in size from 1/2 to 2 c.m. in diameter. E.N.L. lesions may also show vesiculation or pustulation. In contrast to other types of erythema nodosum, the face is commonly involved and lesions may be numerous. Subcutaneous nodules can also occur. Lucio phenomenon is a severe form of ENL often resulting in ulceration.

Eleven patients with lepromatous leprosy were subjected to the present study, their bacteriological indices were determined by method of Dharmendra[2] as follows :—

"Slight"	(1 +)	2 or 3 bacilli in an occasional field. Perhaps with one or two small bunches in about one out of 50 fields.
"Moderate"	(2 +)	Bacilli found in every field, but not more than 10 in each field with a few globi.
"Heavy"	(3 +)	Numerous bacilli and globi found in every field.
"Massive"	(4 +)	Innumerable bacilli and large numbers of globi found in every field.

Consultant in Dermatology, Leprosy & Allergy
185, Vakil New Street,
Madurai-625001
Received for Publication on 20—2—1978

A recent addition to the therapeutic armamentarium of leprosy is clofazimine. The main indication for the use of this drug is in the management of lepromatous cases in the grip of recurrent reactive episodes and those cases who have become sulphone resistant (Thangaraj[3]). The first clinical reports on the use of clofazimines were those of a pilot trial by Browne & Hogerzeil[4] in 1962 carried out on 14 patients with lepromatous leprosy and 2 with borderline leprosy. The patients were unselected and had received no treatment before admission. Lamprene (Geigy) 5 mg/kg was given daily on 6 days a week for six months. Half the group received the new drug alone and the other half in conjunction with standard dapsone or ditophal treatment. In both groups improvement was noticed both clinically and bacteriologically. The authors stated that the effects of lamprene was enhanced by the addition of standard doses of dapsone.

Our eleven patients were given clofazimine 1 cap. per day for 6 days a week and followed up for a period of 2 years. All patients were adult males varying in age between 19 and 21 years. Five of them had aggravation and exacerbation of the existing skin lesions and epistaxis before the commencement of clofazimine. Six patients had erythema nodosum before starting treatment. All these patients had B.I of 4 + - Skin smears and earclips were repeated every two months throughout the treatment period.

All these eleven patients gave history of prior steroid therapy. Steroids were not used in the present treatment. Patients received clofazimine as the sole leprotic medication for two years.

Results

All patients showed rapid recovery from the lepra reaction. In the course of 3 to 4 months clinical improvement was noticed in the flattening of nodules. Palpable indurations showed distinct involution. After 3½ months the skin was less thickened and after one year the extensive plaques had shrunk to half their previous size. Their general condition also improved. These patients gained weight. All patients exhibited new courage and hope of recovery.

Within the first two months B.I. showed a drop from 4 + to 3 + and in the next four months it dropped to 2. Within one year there was a further drop to 1. Next 3 specimens taken at intervals of two months showed very scanty bacilli and subsequent examinations showed hyperpigmentation as a side effect of the drug. No other toxic symptoms were noticed and no patient was withdrawn from trial. Clofazimine (Lamprene) is a most promising new drug in the treatment of leprosy and even in lepra reaction. The drug is useful in leprosy patients unresponsive to or intolerant to sulphones.

REFERENCES

1. Yawalkar SJ: Reaction in Leprosy, Leprosy for Practitioners, Popular Prakashan, Bombay, 1967, p 49.
2. Dharmendra – Notes of leprosy – Bacteriological examination 1967, p 314.
3. Ramanujam K: Therapy, Text book of Leprosy for students and Paramedical Workers, Ed. Thangaraj RH, The Leprosy Mission, Salur, 1975, p 89.
4. Browne SG, Hogerzeil LM: B – 663 in the treatment of Leprosy: Preliminary report of a pilot trial. Lepr Rev, 33: 6, 1962.