

Ureaplasma Urealyticum in Non Specific Urethritis - A Review. Lt. Col. T. R. KAPUR, AMC, Classified Specialist (Derm & Vener), Military Hospital, Bareilly (U.P.) Indian Med Gaz 1982; 116 : 325-329

The role of *Ureaplasma Urealyticum* as one of the aetiological agents of non specific urethritis is discussed. There is increasing evidence of its pathogenicity from observations on epidemiological, serological features as well as as from studies on experimental inoculation and therapeutic response to antibiotics. The observations of various workers are tabulated and the literature is reviewed.

Serum Immunoglobulins and Autoantibodies during and after Erythema Nodosum Leprosum (ENL), Vinoy K. Sharma, Kunal Saha and Virender N. Sehgal (Department of Microbiology, Maulana Azad Medical College, Department of Bacteriology, G. B. Pant Hospital & Department of Dermatology & Venereology, Maulana Azad Medical College), New Delhi. Int J Lep 1982, 50 : 159-163.

Sera from 20 patients with lepromatous leprosy complicated by erythema nodosum leprosum (ENL) were collected at the time of acute reaction and then after clinical cure four weeks later. Anti-ENL drugs used were prednisolone (11 patients), Chloroquin (6 patients) and clofazimine (3 patients). Immunoglobulins M, G and A and autoantibodies, namely antithyroglobulin antibody (ATA), antinuclear antibody (ANA) and rheumatoid factor (RF) were measured in these 20 paired serum samples. The mean serum concentration of IgG showed a significant elevation after clinical subsidence of the reaction, mainly in the prednisolone treated group; while those of IgM and IgA varied only marginally. Autoantibodies were detected in nine patients. Of these, three patients developed these antibodies only after remission of the reaction. Treatment with prednisolone and chloroquin, although causing subsidence of ENL, resulted in an increased incidence of ATA and/or ANA. Further more, it was observed that longer duration of illness, higher age group and history of repeated attacks of ENL predisposed these patients to enhanced autoantibody formation.

High incidence of IgG class of Epstein-Barr virus capsid antibody in Indian patients of lepromatous leprosy, Kunal Saha, V. N. Sehgal and Vinay Sharma (Bacteriology Department, Govind Ballabh Pant Hospital, New Delhi-110002, Urban Leprosy Centre, National Leprosy Control Programme, Safdarjang Hospital, New Delhi-110002). Trans Roy Soc Trop Med Hyg 1982, 76 : 311-313.

Low levels of Epstein-Barr virus capsid (EBVC) antibody of the IgG class were detected in the sera of 19 of 23 (82.6%)

lepromatous leprosy patients and six of 38 (16%) healthy controls. In contrast, heterophile antibody was found in only six of 43 (14%) lepromatous patients and three of 41 (7%) normal subjects. Overlap of the two types of antibody occurred only in one serum. It is inferred that the presence of EBVC antibody against an ubiquitous virus in lepromatous patients who often suffer from impairment of cell-mediated immunity might be due to past infection leading to persistence of the virus in their lymphoid cells and subsequent production of specific anti-viral antibody. Further, the striking finding of low incidence and titre of EBVC antibody in the normal Indian adults is consistent with the rarity of EB virus-associated disease, such as Burkitt's lymphoma, nasopharyngeal carcinoma and infectious mononucleosis in India.

An appraisal of third complement component (C3) and breakdown product (C3d) in erythema nodosum leprosum (ENL), K. Saha, A. K. Chakraborty, Vinay Sharma and V. N. Sehgal (Associate Professor, Department of Bacteriology, Gobind Ballabh Pant Hospital, New Delhi; Reader, Department of Biochemistry, University College of Medical Sciences, New Delhi; Lecturer, Department of Microbiology, Maulana Azad Medical College, New Delhi, Professor and Head, Department of Dermatology and Venereology, Maulana Azad Medical College and Associated L. N. J. P. N. & G. B. Pant Hospitals, New Delhi). *Lepr Rev* 1982, 53: 253-260.

Sera from 20 patients with erythema nodosum leprosum (ENL) were collected at the first visit, and 4 weeks after successful therapy. The levels of C3, C3d, C1q and C4 were measured in 20 paired samples. Acute phase reactants—alpha-1-antitrypsin (AAT), alpha-2-macroglobulin (AMG) and C-reactive protein (CRP) — were also estimated to monitor the activity of ENL. The mean serum C3 level showed a decrease during ENL, while after remission it showed a significant increase. Even then, the C3 level after remission was less than that in healthy controls. The mean level of C3d increased remarkably during ENL, and this increase persisted in most patients even after the clinical remission. An inverse relationship between C3d and C3 suggests that the determination of C3d forms a better indicator of C3 hypercatabolism during ENL. Clofazimine treatment resulted in a remarkable decrease of C3d, in contrast to those treated with prednisolone and chlorquine. Mean levels of AAT were greatly elevated during ENL but decreased significantly after its clinical remission.

Serum levels of C1q, C4, AMG and CRP did not alter significantly during ENL and also showed no difference in patients on ENL therapy.