

Letter to the Editor

IRIS IN AN HIV SEROPOSITIVE LEPROSY PATIENT

We read with interest the case report¹ on the above subject. The authors have described a case of BL type of leprosy with type II reaction, who also had AIDS at the time of first presentation. The patient had the disease for over 2 years and ENL for 6 months.

The course of the disease after the initiation of anti-leprosy treatment (ALT) was as expected in most cases. The ALT comprised rifampicin 600 mg monthly, ofloxacin 400 mg daily, minocycline 100 mg daily and clofazimine 100 mg thrice daily for 4 weeks, after which minocycline and ofloxacin were withdrawn. After 3 months of ALT, HAART was instituted along with the ALT.

On giving ALT, the immunological status improves and is known to produce type I reaction in many cases, which is what happened with this patient.

In this case, all the described symptoms appeared 1 month after HAART, which could be coincidental. Those of us who see and follow up a huge number of leprosy cases know that this is not an uncommon phenomenon in uncomplicated BL type of leprosy patients.

Four criteria have been given by the authors to diagnose a case as IRIS.

1. The patient has full blown AIDS.
2. A significant increase in CD4 lymphocytes count following antiretroviral therapy.
3. Reconstitution of immune system, accompanied by the detection of a latent infection (leprosy in this case).
4. Symptoms not consistent with the expected progression of a previously diagnosed opportunistic infection, the expression of a newly acquired infection, or the manifestations of undesirable effects of the HAART.

The case described fulfils only the first two criteria. The patient had full blown leprosy, and not a latent infection. The symptoms that developed after HAART as interpreted by the authors are consistent with the expected progression of the disease itself (i.e. leprosy).

The case described by the authors had two diseases perhaps independent of each other. The course of the disease, as described, does not indicate if one affected the other.

*The Skin Institute
Mehmoor Ganj
Varanasi 221010, India*

VINEET KAUR
GURMOHAN SINGH

References

- ¹ Singal A, Mehta S *et al.* Immune reconstitution inflammatory syndrome in an HIV seropositive leprosy patient. *Lepr Rev*, 2006; **77**: 76–80.