Letter to the Editor

COMMENT ON “A HIGH INCIDENCE OF VIABLE MYCOBACTERIUM LEPRAE IN POST-MDT RECURRENT LESIONS IN TUBERCULOID LEPROSY PATIENTS” by Shetty et al.

Editor,

The report of Shetty et al. (Lepr Rev, 2001; 72: 307) of finding viable Mycobacterium leprae in post-MDT BT leprosy, is extremely interesting. As stated by Waters, there has not been any study to look for bacterial growth from lesions of BT leprosy. I have never inoculated into the mouse foot-pad anything less than 5000 bacilli. It was usually 10,000 bacilli, which means that bacillary content in the inoculum was very much higher than in the two inoculi of Shetty et al.

How did multiplication occur out of the extremely low, or non-detectable bacilli? One has to postulate the possibility of a non-acid-fast stage in the life cycle of M. leprae. Whatever the reason, the report cautions about the persistence of viable bacilli in the so-called ‘cured’ cases. We have earlier reported1 viable bacilli in the diortos muscles in patients who were clinically cured.

The report again warns us about the extreme haste in which even multibacillary cases are being declared cured by PDT, even without simple skin smear report!

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Reference