

SURGICAL PROCEDURES IN LEPROSY*

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Surgical procedures in leprosy may be directed towards the relief of nerve pain or for the correction of deformities which are typical of this disease and present a barrier to rehabilitation.

Nerves Thickening of peripheral nerve trunks is a prominent feature of tubercloid leprosy. A stage may come when the patient will seek help for the relief of acute pain in the thickened nerves. The pain may be localized over the thickening, as in the ulnar nerve above the elbow or it may radiate in the distribution of the nerve. Exploration, decompression and evacuation of nerve abscesses results in the relief of pain and in early cases may also arrest the paralysis. Fortunately only certain nerves are involved in leprosy at specific sites, most of these are readily accessible for surgery.

Face The face is a common site for lepromatous infiltration and results in the characteristic deformities of the nose, eyelids, eyebrows and laxity of the facial skin.

Nose The primary lesion involves ulceration of the mucous membrane proceeding to exposure necrosis and destruction of the underlying cartilagenous and bony support. The skin and the alar cartilages are preserved intact despite the concertina deformity. This deformity can be corrected by freeing the tethered skin from the underlying bone and grafting the raw area which represents the missing mucous membrane lining, with a split skin graft (Post nasal epithelial inlay). The nose is then provided with a support in the form of a prosthesis or a bone graft.

Lagophthalmos This is the result of selective destruction of the facial nerve fibres supplying the orbicularis oculi. Tarsorrhaphy though useful as an emergency procedure results in recurrence in a short period. The temporalis musculo-fascial sling is the operation of choice and consists of circumscribing the palpebral fissure with a fascial sling and attaching an innervated slip of the adjacent temporalis muscle as an active motor. The patient is educated to use the transplant for the protection of the eye.

Eyebrows Loss of eyebrows may be replaced by grafting of hairy scalp either as a free graft or as pedicle grafts.

Sagging Facial Skin and Ear Lobules Trimming of lobules and face lifts are established procedures.

Hand Deformities of the hand are the result of paralysis of the intrinsic muscles and/or as a result of trauma following anaesthesia. Education in the

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correct use of anaesthetic hands will go far in the prevention of ulceration, burns, infections and absorption of the digits. A suitable vocation with guarded tools is important in rehabilitation.

The ulnar or median lesion usually follows a regular pattern of paralysis. While the small intrinsic muscles are affected the long muscles of the forearm are seldom involved. Some of these muscles can be spared to replace the intrinsic loss and may be in the form of opponens replacement of the thumb or a sublimus transfer or many tail tendon free graft to the fingers. Physiotherapy helps in pre and post operative care.

Foot Paralysis of the anterior tibial and less often the peroneal nerves results in anaesthesia and resultant damage due to inadvertant trauma. Ulceration of the feet with osteomyelitis is a major cause of disability in leprosy. The motor paralysis results in a drop foot which can be corrected by a tibialis posterior transfer. Protection of the feet by specialized foot wear will go a long way in helping to mobilize these patients.

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