Current scenario of leprosy at tertiary care level hospital of rural central India

Sir,

India contributes about 80% of the global leprosy

case load and every year approximately 4 00 000 new cases of leprosy are detected in India.[1] In spite of all measures, leprosy is a major public health problem in India, which affects many people every year and significantly high new case detection rate.[2] New leprosy cases detected during the year 2004–05 were 2.60 lakhs giving the Annual New Case Detection Rate (ANCDR) of 2.34 per 10 000 population.[3]

In our study, we included all confirmed cases of leprosy (by clinical history, cutaneous examination, slit-skin smear and skin biopsy), who attended our rural hospital from January 2003 to December 2005. Patients who were already on multidrug therapy (MDT) or completed the therapy were considered as old patient, while patients who were neither diagnosed nor taken any therapy for leprosy were considered as new patients. Apart from lepromatous leprosy (LL), borderline lepromatous leprosy (BL), borderline-borderline leprosy (BB), borderline tuberculoid leprosy (BT) and tuberculoid leprosy (TT),[4] two more categories, indeterminate leprosy (I) and pure neuritic leprosy (P), were included. All the patients received MDT as per the WHO recommendations ranging from 6 months to 1 year. The clinical progress of the disease process was recorded in each case. Patients who stopped the treatment (e.g. due to change of registered place, non-availability of the drug, lepra reactions, etc.) and did not complete the recommended treatment were considered as defaulters.

There were a total of 225 patients who received treatment for leprosy. Male patients outnumbered females (M : F: 2.08 : 1). The most common type of leprosy was borderline tuberculoid 74 (32.89%) followed by tuberculoid leprosy 53 (23.56%). The total number of patient who received and completed MB-MDT (multibacillary multidrug therapy) was 171 (76%), and PB-MDT- (paucibacillary multidrug therapy) were 54 (24%) respectively. Lepra reactions occurred in 33 (14.67%) patients (Type 1 reaction: 19; Type 2 reaction: 14). Total number of defaulters was 19 (8.45%) and total number of patients with deformity was 16 (7.11%). Total number of smear-positive patients was 52 (23.11%). One case each was diagnosed with indeterminate and pure neurotic leprosy, respectively. Two patients had features of histoid leprosy. Tuberculoid type was more common in new cases, while borderline tuberculoid type was more common in old cases. At follow-up, all cases responded well to MDT.

In our study, the disease was more common in males than females; this is the general pattern in India where males frequently self report for treatment.[5] The type of leprosy commonly present was BT followed by TT.[5] Although clinically more number of patient were diagnosed with tuberculoid and borderline tuberculoid type of leprosy, most of them (n = 171) received therapy for MB (MDT). This was based on the fact that investigations (either slit-skin smear or histopathology) were suggestive of MB type of leprosy. In one study, it has been reported that patients whose leprosy was diagnosed clinically as PB-type initially, 38–51% of them had MB-type of leprosy and were thus at risk of under-treatment.[6] In our study, there were 225 total number of patients, out of whom 176 (78.22%) were new patients which suggest that prevalence of leprosy is decreasing but detection of new cases is still relatively high. Large numbers of new cases have been detected in recent years because of adoption of new strategy, Modified Leprosy Elimination campaign (MLEC), and effective health education campaign.[2] The most important factor that could have significant impact on prevalence is the coverage of the entire population with adequate MDT service.[1] These changes indicate early detection of cases due to better awareness in the community about the disease.[5,6]

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DOI: 10.4103/0378-6323.55409 -

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