

SHORT COMMUNICATIONS

MONO LESIONS IN LEPROSY- AN INDICATOR OF THE MDT PROGRAMME EVALUATION

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Prevalence of monolesions in leprosy was studied in the leprosy control units of an M D T district before the start of M D T programme and at the end of 3 years. The percentage of mono lesions in new cases detected increased from 21.7 % to 33.3% in under 15 years age group and from 9.6 % to 15 % in over 15 years group at the end of 3 years. This increase indicates some success of the programme.

Introduction

Monolesions in leprosy may be a feature of indeterminate leprosy, tuberculoid leprosy and a proportion of borderline tuberculoid leprosy. In an endemic country where extensive treatment programme is going on, a high percentage of monolesions is an important indicator of the programme success.

We are reporting the rates of monolesions before the start of MDT project in the district of Faizabad and its impact on the rate of detection of monolesions 3 years after the start of MDT in the district.

Materials and Methods

MDT project was started in Faizabad in the year 1988 and actual drug treatment started in April 1989. The data presented is based on the records maintained by the leprosy control units of the district.

Results and Comments

In this district percentage of cases with monolesions at the time of initial survey had

been 21.7% in under 15 population and 9.6% in the adults.

The percentage of monolesional cases had gradually increased from 21.7% in 1988 to 33.3% in 1993 in under 15 and from 9.6% in 1988 to 15% in 1993 in the adults (Table I).

Even in early 80's a whole population survey of rural areas of Pondicherry revealed 60.2% having only single lesions.¹ Such high figures have also been observed in childhood leprosy.^{2,3} In the armed forces where there is regular annual medical check up 59.8% of the non-lepromatous cases had single lesions at the time of detection.⁴ These high figures of monolesional leprosy are from the population which had been under constant surveillance.

In our MDT district though the contact survey is supposedly a regular feature but most of the cases were self reported and that is why most of them had been established cases of leprosy. Examination by the consultant leprologist had shown a high index of accuracy. If the clinical accumen of staff is poor then there is a high risk of over diagnosis. It is relatively easy to diagnose a case of tuberculoid leprosy since there is a near complete loss of sensations. Tuberculoid cases however constitute only less than half of the monolesional leprosy.⁴

In the beginning of the programme both

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Years

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PERCENTAGE OF CASES

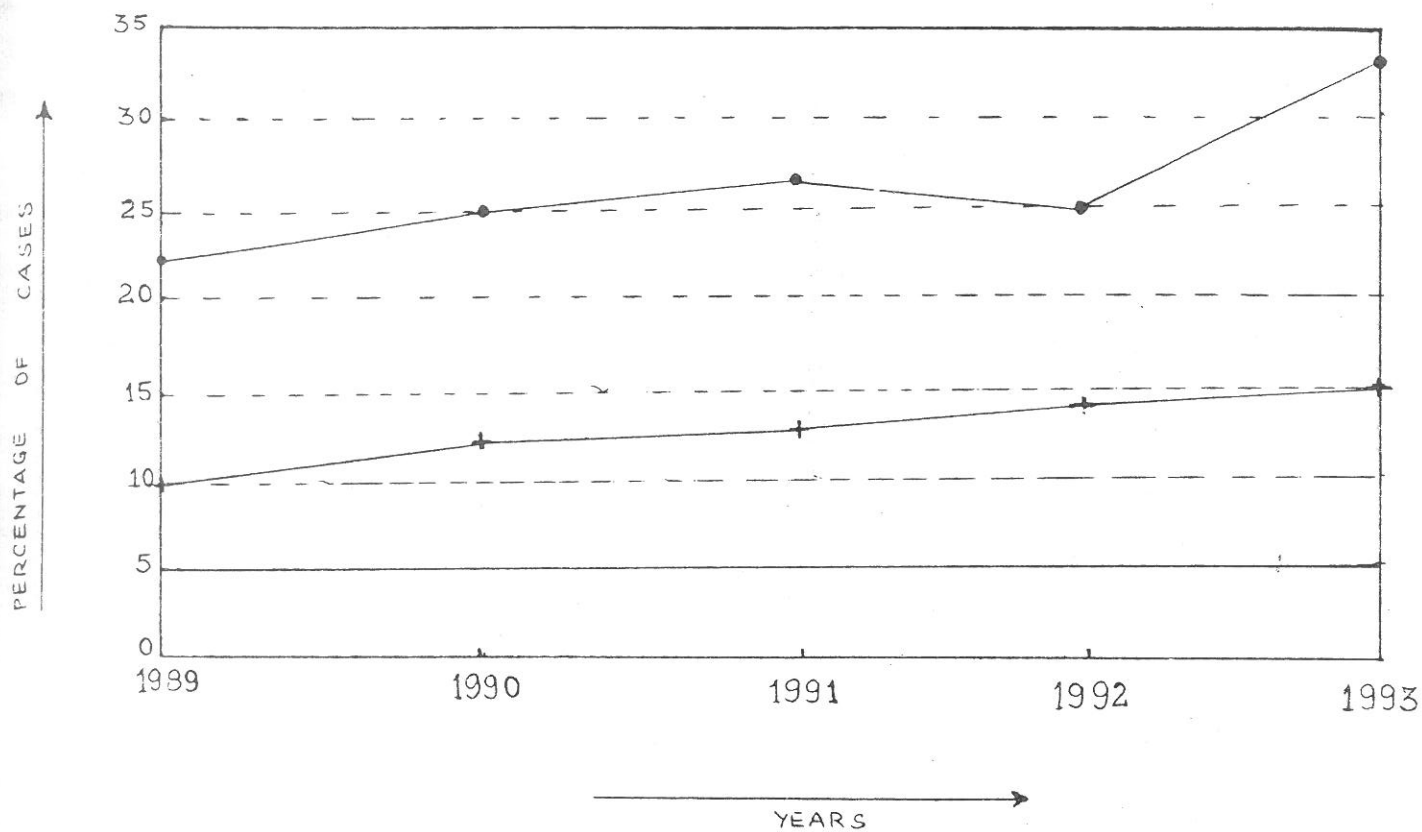
Table I. Showing prevalence (percentage) of monolesions in the population

Years	Below 15 Years			Above 15 years		
	Single lesion	Total	Percentage	Single lesion	Total	Percentage
89	90	413	21.7	533	5524	9.6
90	32	131	24.2	149	1229	12.1
91	17	65	26.1	91	730	12.4
92	15	60	25.0	105	760	13.8
93	8	24	33.3	22	146	15.0

new and old cases are detected. Gradually more newer cases are detected and so there is an increase in the single lesion cases.

The data from the district under study shows a very slow increase in the percentage

patients. The populations not having enough health education and with a fear of stigmatization, even though it has been grossly reduced, postpone reporting till the disease advances. Trend in the proportion of single



✦ ✦ ✦ >15 YEARS

● ● ● <15 YEARS

of single lesion cases (Fig. 1). This shows that the programme is picking up but not to the desired expectations. This is due to the fact that school surveys are not conducted, contact surveys are inadequate and our workers depend mostly on voluntary reporting of

lesion cases in a population under MDT is of help in understanding disease process provided rigorous case detection is conducted.

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