Editor’s Choice

It is appropriate that we should have the prize winner of last year’s medical student essay competition being published as our special article in this Leprosy Review. The medical student essay competition was started by Colin MacDougall over 30 years ago to attract medical students to leprosy. Many students have their interest in leprosy aroused by writing this essay and some even return to the field. I was a 2nd prize winner in 1976. It is a mark of Colin’s enthusiasm and innovative thinking that he found so many ways of attracting people into leprosy. His obituary appears in this issue. We also have the obituary of a South American giant in leprosy, Dr Diltor Vladimir Araujo Opromolla. He also had a deep fascination with the disease and its multiple facets. Like Colin, he also was keen to teach and encourage people to work in the field.

The social study from Taiwan, ‘Contagious to chronic: a life course experience in Taiwanese women’, is also fascinating piece of history about women whose lives were lived in parallel to Colin and Diltor. It reveals a picture of women marginalized and frightened, but also learning to cope and now facing the problems of growing old. It is also such a contrast to the outpatient treatment that most patients now receive. The stigma may remain, but at least the isolation is less.

Another group of elderly patients feature in this issue, Japanese male patients many of whom have osteoporosis. This is partly due to their hormonal status, since a low testosterone level promotes osteoporosis. Kamaji et al. have performed a controlled trial showing that in this group there were benefits from daily risedronate treatment in both increasing bone mineral density and decreasing vertebral body fractures. The wider effects of leprosy on organs such as gonads are a much smaller problem since the advent of multi-drug therapy but they may be problematic in the future for contemporary patients with high bacterial loads.

The eye problems of patients released from treatment have been assessed by Thompson et al. in East India. This also highlights the long term pathologies of leprosy. Whilst only 2.9% of post treatment patients were blind, 21% had moderate visual impairment and one centre had particularly high levels of blindness and cataract. This emphasizes the need for good local surveillance and awareness of the causes and rates of blindness in different areas, and illustrates how previous leprosy can impact on current health planning needs.

Chronic neuritis remains a difficult problem in leprosy. Salgado et al. have performed an interesting study in Brazil showing that in this group of patients, cyclosporine treatment may help alleviate pain when prednisolone is failing to relieve symptoms. Interestingly antibodies to nerve growth factor were detected in patients with chronic pain and these decreased during cyclosporin therapy. These are very interesting findings that need to be replicated in larger studies and in different population groups.

A study from India by Kamal et al. utilized gene probes to detect *Mycobacterium leprae* ribosomal RNA in skin biopsies taken from newly diagnosed children. Interestingly ribosomal RNA was detected in 60% of paucibacillary cases and 100% of multibacillary (MB) cases. After 4–8 months of treatment, only 10% still had ribosomal RNA positivity, but
all were negative by 12 months. For the MB cases, after 9–12 months of treatment some 56% of cases were still positive, although nearly all were negative by 24 months. This indicates that for smear positive MB cases many will have ongoing bacillary viability at 12 months and so may be at risk of relapse.

We also carry advance notice of the forthcoming Special issue on Dermatology in Leprosy. This will be in March 2007 and I am pleased to welcome Professor Bhushan Kumar and Dr Ben Naafs as guest editors for that issue.

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