Editor’s Choice
Welcome to 2005, and to another very full issue of Leprosy Review to start the New Year. The scene is set in the Editorial by Paul Saunderson (p. 2) on learning to manage leprosy after 2005, which highlights the need to preserve ‘critical knowledge’, as many experienced clinicians and key workers are being reassigned or are retiring. The use of on-line learning, CD-ROMs and suitable training materials will help to empower the next generation of leprosy workers.

This issue contains two significant papers on leprosy elimination campaigns. We are privileged to publish a Special Paper from Myanmar (p. 77), by Lwin et al., describing the very successful leprosy control programme implemented in that country. The programme was initiated in 1952, when the incidence of leprosy was estimated as 100 per 10,000 population, or approximately 200,000 cases. This figure did not change significantly over the next 30 years, although 75% of patients were under treatment. The introduction of MDT in 1988 proved the turning point: the leprosy elimination target of less than 1 per 10,000 was reached in January 2003, and by the end of that year, there were only 2730 registered cases.

The second paper (p. 65), by Osahon Ogbeiw, describes an equally successful leprosy elimination campaign in Nigeria, where the introduction of MDT has reduced the prevalence of leprosy by 94.1%, from 7.14 to 0.42 per 10,000 within 12 years. Two challenges still remain: reducing the still high leprosy burden in the Southeastern States, and the introduction of effective case detection interventions.

Also in this issue is a major article on the INFIR Cohort Study (p. 14), by van Brakel et al. This paper describes a multi-cohort study of 303 multibacillary patients in Northern India, carried out over 2 years, and looks at the prediction, detection and pathogenesis of neuropathy and reactions in leprosy. The authors conclude that skin lesions overlying major nerve trunks are predictive of damage in these nerves, and that absent joint position sense or tendon reflexes are indicative of more advanced neuropathy. Nerve enlargement, tenderness and paraesthesia on palpation are only weakly associated with increased risk of reaction, but it is advisable to monitor such patients on a regular basis.

The Review by Harboe et al. (p. 5) also deals with nerve damage in leprosy. The authors caution that despite the success of MDT, early diagnosis of leprosy-associated nerve damage still represents a major challenge, and the persistence of
*Mycobacterium leprae* antigen in local lesions, even after apparently successful MDT therapy, is a significant risk factor for late reactions.

John *et al.* (p. 48) find encouraging evidence that patients are generally happy with the outcome of reconstructive surgery in leprosy, with less than 5% being dissatisfied. Daniel *et al.* (p. 55) report that patients with normal visual acuity may still exhibit loss of contrast sensitivity, a significant disability in those already disadvantaged by their disease. Finally, a study by Nicholls *et al.* (p. 35) reports on help-seeking behaviour in leprosy patients, and seeks to identify the factors that lead to delay in presenting for treatment.

With two case reports and a lively series of Letters, this issue should have something to interest all our readers. We hope that you enjoy it!

*Susan Boobis*

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