

## Editor's Choice

It is a pleasure to be publishing some large scale trials and studies in this issue of *Leprosy Review*. Indian colleagues report a multi-centre randomized controlled trial comparing three steroid regimens for treating type 1 leprosy reactions. Three regimens were compared; a short, high dose regimen, lasting only 12 weeks, and two 20 week regimens starting at high (60 mg/day) and lower (30 mg/day) doses of prednisolone. They found that the longer duration steroid regimen was a better treatment, with fewer patients needing extra steroids. The message is that duration is more important than dose and that longer regimens are better than short regimens. Unfortunately, nerve function was not measured by motor and sensory scores, and outcomes were based on clinician determined need for extra steroids. If similar studies are planned, then standardized scales should be used to measure nerve function. It is also noteworthy that overall, 33% of patients needed extra steroids. This indicates that improved treatment regimens for treating type 1 reactions are needed, probably by using additional immunosuppressants. It is also important that this study be repeated in other settings such as South America and Africa, to see whether the same findings hold true in different patient populations. This study also highlights the critical importance of having data from randomised controlled trials to guide policy decisions. It is also now important to translate this research finding into routine practice by giving patients longer course of steroids.

The number of new leprosy cases in Brazil continues to rise so it is important to understand the transmission patterns there. Dets *et al.* have taken a novel approach to studying transmission patterns; the traditional approach is to look for secondary cases that might be associated with new cases. Instead, they have looked for known leprosy cases associated with the index case, a type of reverse transmission study. They find that in Brazil sisters and brothers are often known leprosy cases of PB cases whilst sons and daughters are associated with MB cases. This illustrates at the moment in Brazil looking for household cases is a worthwhile activity.

Bakker *et al.* have looked at the risk factors for developing leprosy in the Flores islands, Indonesia. They also found that household contacts were at greater risk, especially being a contact of an MB patient and living in a large household. The greatest risk came from contact with patients who had detectable *Mycobacterium leprae* DNA in their noses. These nasal carriers of *M. leprae* were also seropositive for PGL-1 antibodies. This gives another opportunity for identifying patients at higher risk of transmitting leprosy.

Levy and Ji have contributed a weighty review on the mouse footpad technique for cultivating *M. leprae*. This is important because the mouse footpad technique remains the principal method for growing *M. leprae* in the laboratory. Now only a handful of laboratories are still doing this technically demanding technique, yet this is the main method for monitoring and detecting drug resistance. It is important that this technique should remain in use. Levy and Ji have done a great job in pulling together important information about this technique and have shared their wisdom in the use of this technique. Philip Draper has written an Editorial to complement the review. He gives the mouse footpad model a historical context and captures the excitement that it generated in the 1960s, as well as explaining why the model remains important.

The interaction between HIV and *M. leprae* is proving to be subtle, and previous reports from UK and Brazil suggested that patients might only present with their leprosy after starting highly active anti-retroviral therapy. Panhdi *et al.* report a case from India in which the patients developed a type 1

reaction a month after starting HAART. This again highlights this interesting paradox that patients with HIV need enough immunity to be able to develop their leprosy associated complications.

Our next special issue will be in March 2007, and will focus on the shared themes for dermatologists and leprosy workers. So please starting working on articles for that issue.

*Diana N. J. Lockwood*  
*Editor*

**Dr Colin McDougall**

As we go to press, we have been saddened to hear of the death of Dr Colin McDougall on Thursday 16th February, 2006. Colin was a former Editor of *Leprosy Review* from 1975 to 1995, and a member of the Editorial Board until his resignation in November 2005. An obituary will be published in the June issue of *Leprosy Review*.