Editor’s Choice March 2012: The Different challenges in Leprosy around the World

This issue of Leprosy Review has an interesting mix of articles from around the world and illustrates the different challenges that there are in different leprosy settings. On Shetty et al. (pp. 64–70) report on a follow up that they did after doing a special leprosy campaign in Rural India in 2009. On that occasion many undetected leprosy cases were found. They returned in 2010 to assess the situation. They found that 40% of suspect cases who had been advised to attend a primary health clinic had not done so. There was a high rate of leprosy (62%) amongst the cases that had been suspected of having leprosy a year earlier and of these there was a 15% rate of WHO Grade 1 or 2 disability. Patients who had dropped out of treatment were interviewed and it was found that having reactions was one factor. We know from other work that reactions are often not recognised in the field setting. Steroids were not available at the PHC and this further hampers treatment of reactions even if they are recognised. The training day that had been part of the drive had raised awareness about leprosy. Leprosy continues to be a challenge in Sohag, one of the poorest municipalities in Egypt. Here El-Dawela et al. (pp. 71–79) note the overall case detection rate is 3.1/100,000 but varies between municipalities. A third of patients had history of contact with a leprosy patient, but this could be high because the study is hospital based. Thirty five percent of patients had a Grade 1 or 2 disability at diagnosis so suggesting that leprosy is being diagnosed late in this setting. These papers highlight the need to develop and test different methodologies for detecting leprosy cases in different settings.

Ulcers are a common complication of leprosy. Lema et al. (pp. 40–51) have analysed the bacteria associated with ulcers in Addis Ababa and found that Proteus sp were the commonest species colonising the ulcer. This has not been reported before and shows the importance of determining the local patterns of bacteria likely to be causing infected ulcers so that if antibiotics are used then appropriate ones are used.

Identifying genes associated with susceptibility to leprosy is an ongoing work and Velarde et al. (pp. 34–39) did not find any associations between TNFα and Il-10 polymorphisms and leprosy in Mexican patients. It is important to report these negative findings.

We also publish the ILEP review on research needs in leprosy. This review was produced by the ILEP Technical Forum and covers eight complementary areas including early detection, nerve function impairment and prevention of disability. For each area projects are outlined and potential interventions described. Where possible they link with other fields. I hope that by publicising these projects funders will be encouraged to support this work.

We also have an obituary for Dr Ganapati who died in November 2011. He was an inspirational leader who founded and developed the Bombay Leprosy Project and who, through his work, enthused others and ensured that leprosy patients were not forgotten.

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