

## Editor's Choice. March 2013

It is a privilege to take over as the Editor of *Leprosy Review* from Professor Diana Lockwood, who served diligently for the last 16 years. During that time, the journal has become the leading international journal devoted to leprosy and is well respected around the world. Diana has built up a team of sub-editors and reviewers who have helped to maintain high academic standards, and the Assistant Editor, Irene Allen, does a fantastic job in communicating with authors. Irene has now updated the Instructions to Authors, which had become very outdated. With support from Lepra, an electronic manuscript submission and reviewing portal has been established, which we expect to go live next month, making it easier for authors and reviewers alike. A simpler technological advance is that while photos in the printed journal are in black and white, some photos, especially photomicrographs, will be in colour online – this should be the cases for the numerous histology slides throughout this edition.

The leprosy field is at an interesting crossroads. After 30 years of multi-drug therapy (MDT), prevalence has declined steeply, but the number of new cases detected is rather static, and there is increasing interest in the apparently quite large numbers of 'hidden' cases – cases who never report to the health services and are therefore never registered, but whose presence can be estimated through sample surveys. There is an increasing interest therefore in the development of new tools which could help us identify people with early infection more easily and thus tackle the transmission of leprosy more directly. Dr Annemieke Geluk's comprehensive review of biomarkers for leprosy indicates the complexity of early diagnosis by immunological means, and describes recent progress being made in this field.

Another new tool that is being discussed is the use of a leprosy vaccine either as immunoprophylaxis or as immuno-therapy. The only widely available vaccine at present is BCG and an interesting paper by Shetty *et al.* looks at its use as immunotherapy, after completion of MDT. Unfortunately, the sample size was smaller than planned, but the study suggests that BCG led to no improvement in bacterial clearance, and allowed the continued presence of persisters in a small number of patients. Reactions were significantly more severe in the BCG-treated group.

Assessment tools are important for research and this edition has a number of papers which look at the validity and usefulness of various instruments. An Amharic version of SALSA was shown to be reliable, while Naves *et al.* have shown that various indicators of multibacillary disease, including the bacillary load in the nose, are very closely correlated. The use of histology to differentiate Type 1 and Type 2 reactions is examined in some detail by Sarita *et al.* Twelve months of MDT for MB leprosy was assessed retrospectively in northern India, by Dogra *et al.* and shown to be a robust and practical regimen. An interesting paper from Colombia shows that pure neuritic leprosy needs to be carefully distinguished from other common forms of peripheral neuropathy.

Social aspects of leprosy still require further study and a paper from Ghana highlights the continuing needs of people affected by leprosy in a country not often discussed in the Journal. Some of the sad consequences of stigma are illustrated by the case report from Calcutta. The other more typical case reports demonstrate unusual presentations of leprosy that we should all be aware of.

Finally, a letter to the Editor indicates the continuing struggle faced by many clinicians in managing severe ENL effectively. In this brief report, the addition of methotrexate to basic treatment with prednisolone gave good results. One apparent key to success was patience, as the combined treatment was used in each case for up to 3 years.