Editor’s Choice – March 2017

Stigma has been a serious and widespread consequence of leprosy, affecting in some way a high proportion of all those diagnosed. Until recently there were very few interventions specifically directed at reducing it. The first two papers in this issue come from the Stigma Assessment and Reduction of Impact (SARI) project in Indonesia. The first paper presents the results from various combinations of interventions, and shows that stigma can indeed be reduced to a significant degree, over the course of a 3–4 year project. The second paper presents the SARI Stigma Scale, which was developed in the project to measure stigma in a reproducible manner.

Other papers used older methods to show that stigma is still a reality in Nigeria and Ghana, while a study from Sri Lanka indicates that health staff often hold prejudicial attitudes towards those affected. There is clearly still much to be done in this area, and the tools presented in the SARI papers need to be more widely tested and implemented.

Nerve decompression is the subject of a study from Ecuador and a new method involving decompression at multiple sites is proposed, but we still lack well-designed, randomised controlled trials to validate this costly approach to managing nerve damage.

The diagnosis of leprosy is the subject of three papers. In Bangladesh, the use of PCR was compared with histopathology, the slit skin smear and the clinical findings, while in Venezuela the new serological test, ND-O-LID, from the Infectious Diseases Research Institute (IDRI) in Seattle, was compared with clinical findings. Unfortunately, the diagnosis of leprosy remains a complex task and in difficult cases all test results have to be examined in relation to the clinical findings before a conclusion can be reached. The third paper, from South India, shows how the histological findings in leprosy change after diagnosis, as treatment is administered.

The final paper, also from South India, shows the value of following up a clinical impression. Staff examining eyes prior to cataract surgery suspected that people who had had leprosy had more astigmatism than other patients. By collecting data from medical records, they showed that this was true. Although the authors have not yet showed improved outcomes as a result of this finding, various aspects of the cataract surgery can be modified for those with severe astigmatism, with the hope of obtaining a better outcome.

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