Editor’s Choice

There are two important long-term studies in this issue. A longitudinal study of eye problems in multibacillary leprosy patients in India, The Philippines and Ethiopia is reported (Courtright et al., p. 225). This study enrolled almost 700 patients of whom 2.8% were blind and 11% had potentially blinding leprosy related ocular pathology at enrolment. Lagophthalmos was associated with increasing age, and a previous reaction involving the face. Furthermore, patients with potentially blinding pathologies were three times more likely to have hand and foot disabilities than patients without pathology. These patients with eye, hand and foot disabilities are particularly disadvantaged. It will be interesting to see the evolution of eye disease in this cohort in future papers from this study.

Professor Pattyn (p. 245) has reported a serious late finding from a drug treatment study done in the Comores islands. Here patients were given a 6-week quadruple drug regimen. Initially the relapse rate was 2% but there have been a substantial number of late relapses during years 8 and 9 post-treatment, giving a cumulative relapse rate of 13%. This emphasizes the importance of long follow-up for patients treated with new drug regimens.

Long-term studies of drug resistance to anti-leprosy drugs in South India are reported by Dr Sekar (p. 239). From 1983 to 1997, 16% of M. leprae strains were resistant to dapsone with no rifampicin resistance being detected and essentially no combined multi-drug resistance. This is encouraging news and highlights the importance of continued monitoring of these resistance patterns. It would also be very interesting to compare the data from the mouse footpad model with the patterns of detection of rifampicin resistance genes.

Previous studies have reported on the various disadvantages that women with leprosy experience. On p. 262, a report from Nigeria shows that women have a much longer time to diagnosis and have more disabilities at diagnosis. The authors could find no evidence of discrimination against females and female health workers were available in both hospital and primary health centres. Research into health seeking behaviours of women is clearly needed to encourage women to present early with disease and before nerve damage has become established. There is probably a subtle interplay of factors relating to family, society and their own perception of disease and it is only by understanding these better that the barriers for women can be broken down.

Professor Harries in his contribution to our HIV series discusses the importance of basic prevention and simple intervention to treat HIV positive patients in resource poor settings. He also argues that anti-retroviral drugs have a vital role in the treatment of HIV positive patients and that they should be delivered within a structured framework, perhaps in a similar way to tuberculosis therapy.

LEPRA sponsors an annual essay competition for medical students in the UK which yields some impressive essays. Last year, the title was ‘Leprosy: a problem solved by 2000’, and it is a pleasure to publish a shortened version of the winning entry (Stearns, p. 215).
In the Letters section, the members of the ILEP medical-social commission comment on the recent WHO publication entitled *The Final Push Strategy to Eliminate Leprosy as a Public Health Problem: Questions and Answers*. I hope that this will start a debate on the WHO document and also on the proceedings of the ILA Technical forum that was published as a supplement to the June 2002 issue of *Leprosy Review*.

**Diana NJ Lockwood**

*Editor*