Letter to the Editor

LEPROSY: FROM THE CLINICS OF A TERTIARY INSTITUTION IN SOUTH EASTERN NIGERIA

The clinical spectrum described in the notes of leprosy (Hansen’s disease) patients from the skin clinic of a tertiary health institution in South Eastern Nigeria were assessed with the aim of documenting the current profile and scenario of leprosy as seen at the clinic over a 5-year (1997–2001) period. Multidrug therapy (MDT) and accompanying anti-leprosy measures in Nigeria [through the National TB and Leprosy Control Programme (NTBLCP) established in 1989] has reduced the number of cases from 250,000 in 1989 to 7000 in 1999. Four hundred and nineteen patients documented in the clinic records had leprosy and 271 (64.7%) had benefited from MDT. Twenty-one (5.1%) children, the youngest aged 4 years, were affected and 390 (94.8%) adults aged up to 81 years, with a marked female preponderance [248 (60.3%)]. The sex ratio was 1:1.5. The mean age at detection was 41.7 ± 15.3 years.

The main findings were a prevalence rate for leprosy in our clinic of 3.9%, with a new case detection rate ranging from 0.4 in 1997 to 0.73 in 2001. New cases had presented themselves more regularly to the dermatology clinic since 2000 (P < 0.05): of these, 63 had known contacts over 11 years in some 21 cases (51.3%). Clinical patterns observed were: paucibacillary 61.3%, multibacillary with widespread scaly patches and nodules 38.7%; solitary skin lesions 21.4%; primary neuritic leprosy 8.3%, atypical forms (such as vitiligo in leprosy) 17.1%, reactions 13.7%, leprosy and AIDS 5.6%, and leprosy and onchocerciasis 0.7%. Patients were commonly prescribed griseofulvin, local steroids and anti-fungals as well as traditional medicines. Disabilities on presentation occurred in 19.1%, and relapses occurred in 4.3%.

The clinical spectrum thus observed was wide, and generalized micropapular lepromatous leprosy was commonly found amongst males. Vitiligo was also seen amongst a significant number of our lepromatous patients, the distribution of which was multiple, quite extensive, and occurred at sites entirely different from patients without leprosy. Undoubtedly, the NTBL control has generated a lot of awareness and made a large impact on leprosy control within communities around Enugu. However, we are still left with many ‘cured’ leprosy patients who are living with disabilities, and hence the significant issue of sustainability and rehabilitation still lingers. Lack of funds for transport and bereavement are a common explanation for defaulting. At 2 years, only 31.4 ± 17.7% of cases could be discharged free of the need for careful follow-up.

Sub-Department of Dermatology
College of Medicine
University of Nigeria
Teaching Hospital
Enugu, Nigeria
(nkechi_nnoruka@yahoo.com)

E. N. NNORUKA
I. OBIAGBOSO