Editor’s Choice

Easily the most important publication in Leprosy Review this month is the WHO document ‘The Global Strategy for Further reducing the Leprosy Burden and sustaining Leprosy Control Activities’. We have reprinted this document so that all our readers can read the document carefully themselves. Leprosy Review has previously published editorials and comments on earlier WHO policies which we felt needed comment and discussion in an open forum. It is now a pleasure to publish a new strategy that has been developed by WHO in consultation with partners including the Technical Forum of the Federation of Anti-Leprosy organizations (ILEP). The emphasis of the new policy is on quality patient care that is equitably distributed, affordable and easily accessed. The key elements of the policy are laid out at the front of the document and include the recommendation that case detection should now be the main indicator for leprosy work. New indicators are also recommended including the proportion of new cases presenting with grade 2 disability, the proportions of child cases, MB cases and female patients. Quality is again aimed for in a further recommendation that correct diagnoses, defaulters and relapses should be collected on a sampling basis. The importance of supportive working arrangements is also mentioned. We welcome the explicit recognition that leprosy services will need to be continued for many years and that there will be a need for continuing national commitment.

Two people (Piet Feenstra and Vijay Pannikar) who were closely involved in the production of this document have written an joint editorial highlighting key elements of the new policy, especially the importance of partnerships, the new indicators and the need for sustainable leprosy control. They also note the need top balance technical and public health priorities.

The intriguing question of leprosy in armadillos is thoroughly discussed in a review by Richard Truman. He describes the geography of armadillo leprosy in the Southern USA and possible reservoir of leprosy that the armadillos constitute. Armadillos have been very important in producing leprosy antigen for key immunology studies, and they may yet have a role even though we have sequenced the Mycobacterium leprae genome.

Pure neural leprosy is difficult to diagnose and in a study of 67 cases by a Brazilian group, it was found that only 12% have acid fast bacilli in their nerve biopsy, 16% granulomas but 67% had inflammation and/or fibrosis. M. leprae DNA could be detected by polymerase chain reaction in 40% and 21% were seropositive for PGLI-1 antibodies. This last test may a useful adjunct for diagnosing this unusual presentation.

The current low rate of relapse makes this a difficult area to study. Shetty et al. report on a case series from their referral centre in Mumbai, India. Most patients had been treated with WHO multidrug therapy (MDT) or a rifampicin/ofloxacin combination. Most of the cases had been smear negative at some point after treatment. The length of time from stopping treatment to relapse ranged from 2 to 15 years and was lower in patients treated fro only 12 months. This referral based series highlights the need for good data from large cohorts of smear positive multibacillary patients treated with 12 months MDT.

Finally, we report on a new surgical technique. In North India 40, patients with ulcers were operated on with the production of local superficial flaps. Most ulcers healed within 4 weeks. However in 25% of patients, there was a recurrence of the ulcer. This study shows that better ulcer management is possible but it is important that this new technique is studied in a randomized controlled trial against standard ulcer management.

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