



TROPICAL DERMATOLOGY

MICROSCOPIC EVIDENCE OF ACTIVE DISEASE IN POST TREATMENT CASES OF LEPROSY: A HOSPITAL BASED STUDY FROM EASTERN INDIA.

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In India, Multidrug therapy (MDT) as per World Health Organisation (WHO) guidelines is provided as part of National Leprosy Eradication Programme. Duration of MDT was shortened in the year 1998 without enough scientific data. Fixed duration MDT, in absence of histopathology and slit skin smear (SSS) at baseline and end of treatment hampers the assessment of adequacy of treatment in most cases.

This study was conducted in dermatology OPD of a tertiary hospital in Eastern India for a period of 5 years (1.4.2013- 31.3.2018). Eighty-six cases of leprosy were seen in this period, of which 27 had received anti leprotic drugs previously. Twenty-five had received standard WHO MDT (MDT-multibacillary = 22, MDT-paucibacillary = 3) while 2 had received antileprotic drugs not as per standard MDT regimen. Eleven of these 27 cases presented with increase in size and/or number of lesions, 7 had persistent induration even at the end of recommended MDT and 9 had received MDT at our centre and requested histopathological evaluation after end of treatment. Lesional biopsy and SSS were performed for 26 of these cases. Repeat biopsies were done for 2 patients at end of second year and for 1 patient at the end of second and third year of extended treatment. Of the 30 histopathology slides thus obtained, 11 showed tuberculoid granuloma, peri neural lymphohistiocytic infiltrates and giant cells, 10 showed ill-defined lepromatous granuloma with foamy macrophages. One slide showed neutrophilic infiltrate with dermal edema suggestive of reaction. Eight did not show any inflammation. At the end of recommended MDT, 20 patients had histopathological evidence of active leprosy and SSS was positive in 9 of them.

It is possible that with the current MDT regimen many cases are being treated inadequately. This can become a hindrance to realising the goal of global leprosy elimination.

