

TROPICAL DERMATOLOGY

## PROFILE OF RELEASED FROM TREATMENT(RFT)CASES OF LEPROSY PRESENTING WITH SIGNS&SYMPTOMS RELATED TO LEPROSY

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**Introduction:** Fixed Duration Multi-Drug Therapy (FD-MDT) for leprosy is an effective strategy from public health perspective. There are small but definite number of cases presenting with active lesions at the time of completion or after discontinuation of FD-MDT. For such cases, continuation of MDT beyond fixed duration needs to be considered.

**Objectives:** To study profile of RFT cases of leprosy presenting with signs and symptoms related to leprosy.

**Materials and Methods:** Twenty-five RFT cases presenting with symptoms suggestive of activity of leprosy were included. Presenting complaints, previous treatment received (MB/PB), type of leprosy, time period between completion of FD-MDT and appearance of new lesions were noted. All cases were subjected to Slit skin smear for lepra bacilli and lesional biopsy was taken in 20 cases.

**Results:** Out of 25 cases who had completed FMDT, 10 had Lepromatous Leprosy, 6 had Borderline Lepromatous Leprosy, 5 had Borderline Tuberculoid Leprosy, 1 had Tuberculoid Leprosy and 2 had Pure Neuritic Leprosy. Twenty-four cases had previously received MB MDT and 1 had received PB MDT. Twenty cases presented with disease activity within 2 years of completion of therapy. Fourteen cases presented with active skin patches, 6 with Erythema Nodosum Leprosum, 20 with recent onset sensory deficit and 4 with progressive claw hand deformity. AFB was positive in 20/25 cases. Biopsy showed disease activity in 20/20 cases. MDT was restarted in all cases.

**Conclusion:** The most likely reason for RFT cases presenting with leprosy disease activity is inadequate duration of treatment. Cases completing FD-MDT must be objectively evaluated clinically, microbiologically and histopathologically and treatment can be extended, if required. This is essential in controlling further nerve damage and development of deformity.