TROPICAL DERMATOLOGY

LEPROSY NOW AND IN THE COMING YEARS, AS SEEN BY A CLINICIAN.

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It is impossible to see leprosy today forgetting the past. What happened in the past determines the present. Due to the misconception that leprosy could be eliminated it has now become a neglected disease. The clinical knowledge of leprosy is disappearing, science has not yet provided us with point of care tests to replace the lost knowledge. The result is that leprosy begins to spread again and more children are diagnosed. Leprosy is diagnosed late, the newly diagnosed patients are already disabled. There is an increase in multibacillary patients too.

In the past, leprosy was considered a disease occurring in families with a genetic background and transmitted by an infectious agent M.leprae. Today we know that M.leprae not only directly moves from person to person but also indirectly, via animals and via soil and water.

Leprosy as disease is complicated by nerve damage and disability, in particular when leprosy is diagnosed late. The damage may be caused by M.leprae itself but also by immune activation, the so-called reactions which belong to the normal course of the disease. The treatment of type I reaction is well established but often comes too late. The treatment with steroids then is not good enough: substitution or additives should be sought. The treatment of type II reaction is even worse. It may lead to severe loss in quality of life, the patient may be become severely ill and may even die from the treatment.

The coming years it is important to determine which persons are able to develop leprosy, and who does, which type of leprosy will he develop and what is the mechanism behind his nerve damage. Cheap effective treatment is needed. Not only the known treatments but more targeted treatment, biologicals, small molecules and antisense oligonucleotides. These treatments should not be too expensive and could be used in the field.