

Leprosy-Current Scenario In North Karnataka

Shruti. M. Kudari

Karnataka Institute Of Madical Sciences

E-mail: shrutikudari@gmail.com

Introduction

Though declared eliminated by WHO, leprosy still remains a commonly diagnosed problem in developing countries. Hence it is essential for clinicians to correctly label, report and treat every case of leprosy.

Materials and methods

A 3.5 year retrospective analysis of hospital data from June 2008 to December 2011 was done all patients were included. Clinical spectrum and treatment given was noted, data was analysed.

Results

Three hundred twenty two patients diagnosed as leprosy were chosen for the study. Male:female ratio was 2:1. Ages varied from 4-79 years. Age group 20-30 years constituted 109 (33.85%) patients. Duration of disease varied from 15 days to 20 years, most common being 15 days - 6 months-190 cases(59%). Maximum patients presented with skin lesions (77.01%) as their first presenting complaint, followed by Trophic

ulceration (21.42%), Ear infiltration (10.86%), Blisters (5.59%). 86.64% were new, Relapse (13.35%), Defaulters (3.41%). Skin lesions were seen more commonly on Upper limbs (37.88%) followed by Lower limbs (28.88%), Trunk (20.18%), Face (15.21%), Gluteal (5.9%). ULNAR NERVE was involved in majority of cases. Most of the patients were diagnosed as BT(63.04%), followed by Pure neuritic(11.18%), LL(9.62%), BL(8.69%), Intermediate (3.1%) = TT(3.1%), Histiod (1.24%). Claw hand deformity was present in total 35 patients (10.86%). Type 1 Reaction 56 cases (17.39%) and Type 2 Reaction 18 cases (5.59%). MB dose MDT was the treatment given in majority (87.57%).

Conclusion

The above study on leprosy reflects that new case detection is not uncommon in the community. Stringent measures like early case detection, counseling the patient and their follow up will go a long way in achieving the goal of elimination. Efficacy of MDT needs further evaluation considering the number of relapses being documented with both MB and PB cases.