Target Hansen's disease

Dear Editor,

We read with great interest a case report: "Hansen's disease: An unusual presentation" by Tina George et al.^[11] The authors have presented a case of a patient with Hansen's disease, an unusual presenting problem with varied and subtle symptoms that is mostly missed in routine clinical/general practice settings except in dermatology clinic. At this juncture, we want to add few points regarding the new initiatives as well as regarding this case. As authors have clearly mentioned on the achievement of leprosy elimination in India in December 2005, it is still contributing around 60% of new cases detected annually worldwide. There is also still high endemicity and ongoing transmission of leprosy infection found in various parts of India.

Several strategies were implemented to stop the ongoing transmission and to bring the hidden cases out of society. The various strategies include leprosy case detection campaign, [2] covering all high endemic districts, and introduction of single-dose rifampicin for the contacts of diagnosed cases, focused leprosy campaign in rural and urban areas where grade II disability is detected, and implementation of special plan for hard to reach all areas. Along with this, the Government of India has also introduced Sparsh Leprosy Awareness Campaign (SLAC) on the Anti Leprosy Day (January 30, 2017) as a boost to the voluntary reporting and to create awareness on the stigma against leprosy and to reach village level involving Raj Panchayats, etc., ASHA-Based Surveillance for Leprosy Suspects (ABSULS) was also introduced as a strategy in controlling the disease.

Regarding this case, the authors have nicely arrived at the diagnosis of Hansen's from the clinical and laboratory findings. Here again we want to stress on the clinical diagnosis solely. The clinical examinations have revealed the bilateral partial ulnar clawing of hands and skin and also revealed two hypopigmented patches on gluteal region and knees with the patches showing hypoesthesia, with cardinal signs of peripheral nerves thickening. All the cardinal signs were present in this case making a diagnosis of leprosy. We believe that the patient was managed with World Health Organization Multibacillary Multi Drug Theraphy^[3] regimen for 12 months, and for the severe reaction the patient might be managed with steroids with dose of 1 mg/kg body weight for proper response. So, a detailed examination is the concrete weapon as the authors have examined. As the case load is on increase, a definite high index of suspicion in all dermatological condition for differential diagnosis of leprosy is mandate for making early diagnosis and treatment in this potentially preventable disability condition.

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Conflicts of interest

There are no conflicts of interest.

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