Leprosy in French Polynesia—points focused

S. Venkatesan[1] **and P. Thangaraju**[2]

1) *Department of Clinical Division, Central Leprosy Teaching and Research Institute, Chengalpattu and* 2) *Department of Pharmacology, All India Institute of Medical Sciences, Raipur, India*

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Corresponding author: Dr P. Thangaraju, Department of Pharmacology, All India Institute of Medical Sciences, Raipur, India.
E-mail: drpugal23@gmail.com

We read with great interest an article on a case of leprosy in French Polynesia by Musso et al. [1]. It is an important example for discussion because it involves an island with a population around 285 000 [2]. Here we want to add some information that will be of help to the reader, treating physicians, leprologists and the programme officer involved in the National Leprosy Eradication Programme.

The individual in was diagnosed with lepromatous leprosy. We strongly feel the case might also be histoid leprosy based on the clinical symptoms and from the illustrations as well as from the histological findings. Whatever the diagnosis, the treatment protocol is the same, comprising the administration of three drugs—rifampicin, dapsone and clofazimine—for 12 months as multibacillary multidrug therapy. The patient harboured bacilli in the nasal smear. This was an important finding with a role in further prevention of transmission as well as in finding the hidden cases already infected through droplet exposure. We feel strongly that the patient may be considered as an index case and his close contacts, as well as the household contacts, should be examined clinically as well as by smear if feasible. Another important point to be considered is that patients have a high risk of developing lepra reactions. Not only does this patient has a risk of developing a type 2 reaction, but also a reversal reaction should not be missed. As per the symptoms description, the patient also has oedema of the hands and nerve involvement with functional symptoms; these could be reactional symptoms too. This case may be considered to be a lepra reaction with neuritis. So treatment of the reaction should also be considered. The smear image shows solid bacilli, so again there is the risk of active transmission. Hence, early screening of contacts for hidden cases is further advised.

As the authors have concluded that surveillance and screening are needed, this should be on a priority basis because the individual described provides a good source for transmission to the rest of the island inhabitants. In India, to find hidden cases, the leprosy case detection campaign is implemented [3]. Contacts of confirmed cases were also given chemoprophylaxis with single-dose rifampicin to put a stop to transmission to contacts [4]. Similar approaches can be initiated or implemented on the island as the whole population can be easily covered.

Conflict of interest

None declared.

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