

Clinical Observations in Leprosy at Mayo Hospital, Lahore

S K FAROOQ R F KHAN O A KHAN S J KHAN

Department of Physiology, King Edward Medical College, Lahore

Correspondence to Dr. S K Farooq, Demonstrator,

Leprosy is a public health problem, because of the disabilities it causes. Leprosy needs an early detection and treatment who avoid the concurrent disabilities related to hands, feet and eyes of such patients, so that a normal daily living pattern can be enjoyed by these patients during their life time. Unfortunately, many patients present late to the hospital as is indicated by the mean age at that stage the disease has already progressed to a disability level. This study was designed to evaluate the patients of leprosy on the basis of age, sex, site and number of lesions and type of leprosy. The patient samples were collected from Leprosy Clinic, Mayo Hospital, Lahore. About 22 patients were evaluated. It was observed that males were more affected than the female population. The age group 50 years and above was maximally affected. The lesions were more commonly present on extremities as compared to face and back. It was observed that lepromatous leprosy was found to be more prevalent as detected by smear test.

Key Words: -(LL) Lepromatous Leprosy. (TT) Tuberculoid Leprosy. (BB) Borderline Leprosy.

Leprosy is a chronic infectious disease caused by mycobacterium leprae which commonly affects peripheral nerves and skin, which produces deformities and disabilities¹. Leprosy continues to be a serious public health problem in the developing countries. The population at risk of contracting the disease is very large². There are about 11 million persons with this disease in the world³.

In 1966, Ridley and Jopling classified leprosy as Tuberculoid (TT) and Lepromatous (LL) in the center is borderline (BB) type⁴. Cutaneous lesions, neural symptoms, reactional episodes and trophic changes are the basis for the clinical diagnosis of leprosy. Smear tests are also used as a diagnostic tool⁵. This study was conducted to observe the different types of leprosy in patients attending Out-door Clinic of Mayo Hospital, Lahore.

Patients and Methods

In this study 22 patients suffering from leprosy were examined. The diagnosis of these patients was based on history, clinical examination and a positive skin smear test. The patients were assessed on the basis of age, gender, site and number of lesions and the type of leprosy.

Results

Males were affected more with leprosy than females and more patients presented in the age group 40-59 years (Table-1). Figure I shows that maximum number of patients were of LL followed by BB and TT. The majority of patients had more than 10 lesions (68.18%). The extremities were the most common sites to be involved (72.72 %) (Table-2).

Fig. 1. Comparison of age and sex distribution amongst patients

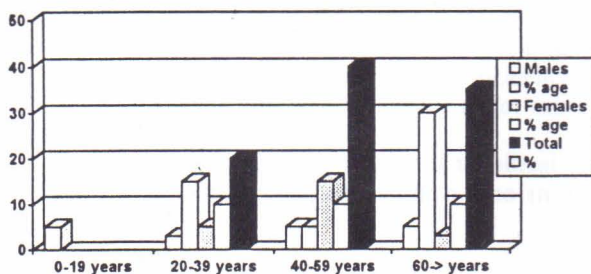


Fig. 2. Clinical presentation of different sites of leprosy

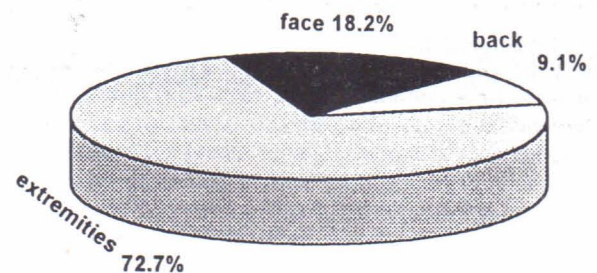


Fig. 3. Clinical presentation of different types of leprosy.

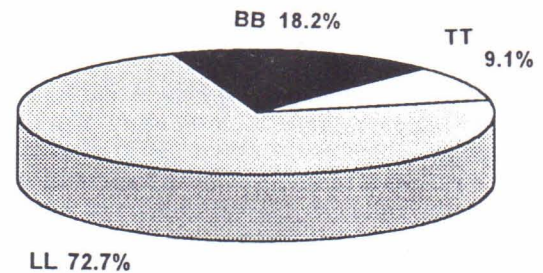


Table 1 Comparison of age and sex distribution amongst patients of leprosy.

| Age (Years) | Males | %age | Female | %age | n= | %age |
|--------------|-----------|--------------|----------|--------------|-----------|------------|
| 0-19 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20-39 | 3 | 13.63 | 02 | 9.09 | 05 | 22.72 |
| 40-59 | 5 | 22.72 | 04 | 18.18 | 09 | 40.90 |
| 60-> | 8 | 36.36 | 0 | 0 | 8 | 36.36 |
| Total | 16 | 72.72 | 6 | 27.27 | 22 | 100 |

Table 2. Site and number of lesions in patients of leprosy

| Site of lesion | %age | No. of Lesions | |
|----------------|-------|----------------|-------|
| | | <10 | >10 |
| Extremities | 72.72 | 31.81 | 68.18 |
| Face | 18.18 | | |
| Back | 9.09 | | |

Discussion

The present study reveals that males are affected more (72.72%) as compared to females (27.27%). Similar results are reported by Somaia et al⁶, but in their study the age group mostly affected ranged between 25-40 years of age, while in our study the patients are of 40 years and above. This difference may be due to the fact that the patients in the study of Somaia et al were of working class category residing in Qatar. Our results showed that Lepromatous Leprosy is maximum (72.72%) followed by Borderline (18.18%) and Tuberculoid Type (9.09%). These results are in accordance with the results of Cakiner et al⁷. The incidence of facial lesions was very low and not comparable with those of extremities, which corresponds to the observations made by Zheng G et al⁸. So we conclude that the education of patients and active involvement of medical personnel in early detection of symptoms of leprosy would help to prevent its progression and disability, later on.

Acknowledgement

The following students of 2ND Year MBBS, (1997) King

Edward Medical College, Lahore have participated in this research work project:-Mr. Muhammad Ali Ashraf, Miss. Iram Iqbal, Miss. Atika Masood.

References

1. Brandt PW; Fritsehi EP. Rehabilitation in Leprosy. 1st Ed. Hostings RC(ed) Churchill Livingstone Publishers. L985; 237-319.
2. A guide to leprosy control. 2nd ed. Genevae, World Health Organization 1988; 1-2.
3. Shepord CC. Leprosy today (editorial); N.Engl. J Med. 1982; 307: 1640.
4. Ridley DS; Jopling WS. Classification of Leprosy according to immunity a five group system. Int. J Lepr, 1966; 34: 255-73.
5. Anezi N. Okoro. Pre-emptive Diagnosis of Leprosy. Int. J Derm, 1991; 30 No.11: 767-771.
6. Somaia F; Mahmoud and Ben A. Leprosy in Qatar. Int. J Derm. Feb 1991: Vol.30; No.2: 125-26.
7. Cakiner T et al. The extent of Leprosy related disabilities in Istanbul Laprosy Hospital, Turkey. Lepr Rev, 1997; 68: 43-49.
9. Zhang G et al: An epidemiological survey of deformities and disabilities among 14,257 cases of leprosy in 11 countries. Lepr Rev (1993) 64: 143-149.