

Role of dermatologists in leprosy elimination and in the post-elimination era

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As dermatologists who have been working with leprosy in Brazil for 30 years, we believe that in the six countries where the disease continues to be endemic and thus a public health problem, greater emphasis yet should be placed on the correct diagnosis of the disease. Thus, although effective treatment has been available in the form of combination chemotherapy for more than 2 decades and despite the educational campaigns, the number of new cases diagnosed each year continues to be the same, and many of these already have disabilities, indicating delayed diagnosis. Dermatologists working in an endemic area and specializing in leprosy are familiar with the difficulties of diagnosis at initial presentation, especially of lepromatous leprosy and the tuberculoid forms without anesthesia. We are apprehensive regarding the statistical elimination of leprosy, because if diagnosis is delayed even in endemic areas, globalization and increased migration to non-endemic areas would mean that many cases will remain undiagnosed for many more years.

We believe that dermatologists specializing in leprosy in the endemic areas should participate in the on-going professional training, both through distance learning and in person, with the objective of improving diagnosis, especially in the initial phase of the disease, and decreasing the 10% or so of erroneous diagnoses made by non-specialists. They should also discuss the problems and possible solutions as regards the treatment, prevention of disability, and the flow of information in both directions during discussion of cases both in clarifying diagnosis and defining treatment.

In Brazil, the national programme for eliminating leprosy (Programa Nacional de Eliminação da Hanseníase) has designated the family health program (Programa de Saúde da Família) and the community health clinics (Unidades Básicas de Saúde, UBS), for diagnosis and follow-up of people with leprosy. This measure increases access of the population as a

whole to diagnosis, and facilitates monitoring of contacts, since aid is given in units in the patients' communities, and this has made it possible to increase rates of diagnosis in the Centre West and Northeast of Brazil.

This we believe will make Regional Reference Centres available to the endemic area, with specialists available to clarify cases in which diagnosis is difficult, and to treat adverse reactions, immunological reactions and neuritis, prevent disabilities and aid in rehabilitation, and search for relapses. The Reference Centres will not only be acting merely as reference units for cases undergoing treatment in the UBS, but also as support units for resolving problems, and more especially for training and on-going education of workers in the regions. The staff of these reference units, therefore, should include a dermatologist and neurologist, who can elucidate and remedy dermatological and neurological conditions and provide training through discussion on the cases referred to them. The reference specialists should also be able to call treating physicians in order to elucidate after analysis the medical records of dubious cases recorded in the region.

The health services should also provide for periodic assistance by these specialists in the Reference centers for patients who have completed specific treatment, because many will present with reactions, neuritis or relapse which are not included in statistics and which require specialist orientation.

Patients with deformities or ulcers produced before, during or after treatment of leprosy should be monitored at the regional reference centres or in the community with assistance from the reference centre, in order to prevent deterioration of the disabilities and to help in rehabilitation. In addition to taking measures to enhance healing of wounds, dermatologists could also collaborate in elucidating complications and diagnosing neoplasms in chronic ulcers, as well as training workers in the diagnosis of chronic ulcerations not due to leprosy.

University departments concerned with health, whether or not they are in endemic countries should include within their teaching programs a minimum course in leprosy of approximately 10 h at graduate level, at least 20 h for doctors and at least 40 h for clinical residents. Health workers should be encouraged when taking medical histories to ask about areas of loss of sensitivity, and to investigate the sensitivity of suspect lesions. And the departments should maintain dermatological support services even after the statistical elimination of leprosy, and collaborate with on-going training at the base and reference levels.

In the post-elimination era, reactions, which often appear as the first indications of the disease, will continue to be important in the diagnosis and management of leprosy. And since in general the first contact with the health system for patients with these manifestations is with first-aid posts (hospitals and casualty units), workers in these units should be trained to consider a diagnosis of leprosy and to undertake emergency treatment, as well as being qualified to refer these cases for confirmation of diagnosis and treatment to a community health care unit. We believe that dermatologists in the region within which such units operate could provide on-going training for these workers.

In Brazil, public service dermatologists, despite their small numbers, (due to poor pay) are active in the diagnosis and treatment of leprosy and also in keeping workers in the area abreast of latest developments and educating the general population. Evidence of this is the fact that the responsibility for diagnosis and treatment of and education regarding leprosy is generally in the hands of the dermatological department. Therefore, dermatologists are best qualified to diagnose leprosy and will serve as the sentinels overseeing elimination.

For these measures to go ahead requires a political decision; and they will only be effective if the general population is also educated as to the importance of leprosy.