

Leprosy Persists in Los Angeles County, and Elsewhere

By Will Boggs MD

August 15, 2019

NEW YORK (Reuters Health) - Leprosy, also known as Hansen's disease, is rarely seen in the United States, but cases continue to emerge in Los Angeles County, a new report says.

"Hansen's disease still exists, and we need to educate medical students and physicians," coauthor Dr. Maria Teresa Ochoa from Keck Medical Center of the University of Southern California, Los Angeles, told Reuters Health by email.

Dr. Ochoa and colleagues identified 187 patients with the disease in a review of medical records from their leprosy clinic spanning 1973 to 2018. Most patients were Latino, originating from Mexico, and they experienced a median delay in diagnosis of more than three years, the team reports JAMA Dermatology, online August 7.

Multibacillary leprosy (MB) cases outnumbered paucibacillary leprosy (PB) cases by nearly eight to one (88.6% vs. 11.4%, respectively), and Latino patients were more likely than non-Latino patients to have MB, as were patients from Central or South America (versus other regions).

Most patients (80.7%) received multidrug therapy, and most (92.6%) received antibiotics for more than two years, especially if they had MB.

Only about half of patients (56.7%) had World Health Organization (WHO) grade 0 disability (no signs or symptoms suggestive of leprosy or disability) at the one-year follow-up, whereas 16.0% had grade 1 disability (loss of protective sensation) and 26.2% had grade 2 disability (visible deformity) at the last follow-up.

Among the patients who lost protective sensation, 87.7% (50/57) did not regain it following therapy.

"Early diagnosis is very important," Dr. Ochoa concluded, adding that "we need to fight the stigma" associated with the disease.

In a related paper, also online August 7 in JAMA Dermatology, Dr. Victor S. Santos of the Federal University of Alagoas, in Arapiraca, Brazil, and colleagues report the results of their systematic review and meta-analysis of risk factors for physical disability in patients with leprosy.

They identified male sex, MB leprosy, leprosy reactions and lepromatous presentations as significant independent risk factors for physical disability.

Dr. Santos told Reuters Health, "The WHO Global Leprosy Strategy 2010-2020 aims to accelerate action toward a leprosy-free world, with a focus on the early detection of cases, before disabilities occur, and the prevention and early detection of disabilities among higher-risk groups by conducting active case-finding campaigns in highly endemic areas or communities. In this sense, our findings provide information to stakeholders regarding the characterization of high-risk patients that should be prioritized and targeted to receive preventive interventions for the early detection and reduction of grade 2 disability in endemic areas."

"As leprosy has been a neglected disease with a high potential to cause deformities, especially when it is not treated properly, I would like to reinforce the need for early identification of cases in the community with the adoption of active case search and screening of household and social contacts from all index cases," he said. "Such measures could minimize leprosy-related problems, as physicians and other health professionals could better care for these patients."

Dr. M. Ramam from All India Institute of Medical Sciences, in New Delhi, who wrote an accompanying editorial, told Reuters Health by email, "I would like physicians to recognize that leprosy is still here and likely to stay. They should continue to consider it in the differential diagnosis of peripheral neuropathy and anesthetic macules and plaques, particularly (but not exclusively) in people who currently live in or previously lived in countries where the disease is

prevalent."

The editorial summarizes the 2018 evidence-based WHO guidelines for diagnosis, treatment and prevention of leprosy. Patients should generally receive three drugs (dapson, clofazimine and rifampicin), but those with rifampicin- or quinolone-resistant leprosy require different regimens. Leprosy contacts should receive a single dose of rifampicin.

SOURCE: <https://bit.ly/2z7jMSp>, <https://bit.ly/2MWbbd4> and <https://bit.ly/2MfHwvT>

JAMA Dermatol 2019.

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Cite this: Leprosy Persists in Los Angeles County, and Elsewhere - *Medscape* - Aug 13, 2019.