

LEPROSY

(Hansen's Disease)

Definition

- Chronic mycobacterial infection
- Peripheral nervous system, skin, other tissues

Naturally acquired leprosy

- Chimpanzee
- Mangaby monkey
- Armadillos

Epidemiology

- *Mycobacterium leprae*

(variable) 2-7 years

- At Risk population

Adults (less) 5% conjugal

Children (more) - 60% in family

PREVALENCE

Total No. of cases - < 3.5 million

Approx. 50 % - IN INDIA

Mode of transmission

- Prolonged intimacy
expiratory - Droplet
- Skin to skin contact
- Tattooing

Bacteriology

M. leprae (1873) - Hansen

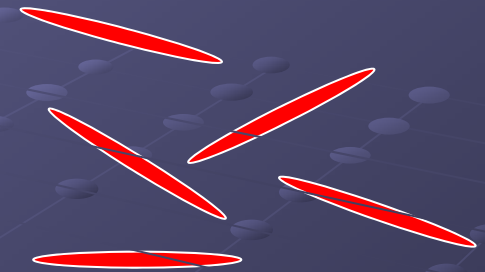
- Non-culturable
- Acid-fast/alcohol fast

(5% H_2SO_4 , 3% HCl decolorize)

- Straight – Slightly curved rods
- Rounded ends

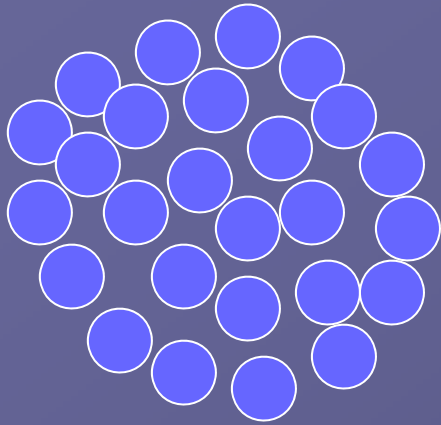
1-8 μm long
m diameter

- Obligate intracellular- **GLOBI**



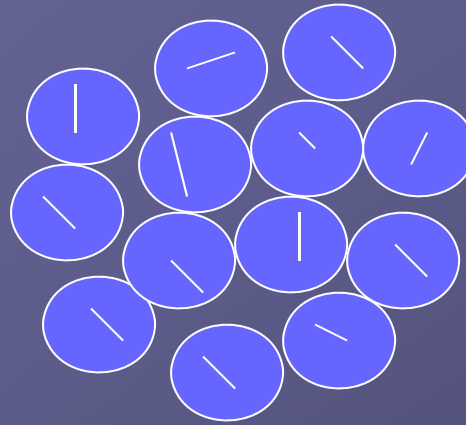
Bacteriological index

- Density of bacilli in high power field



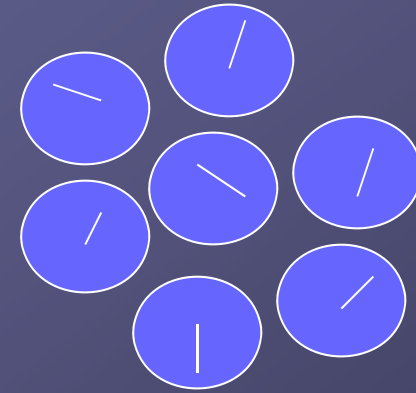
BI-0

No bacilli
in 100 fields



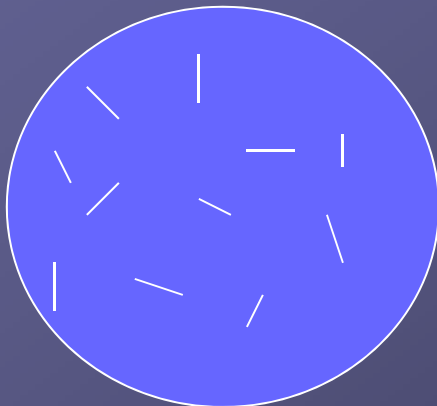
BI-1

1-10 bacilli
in 100 fields



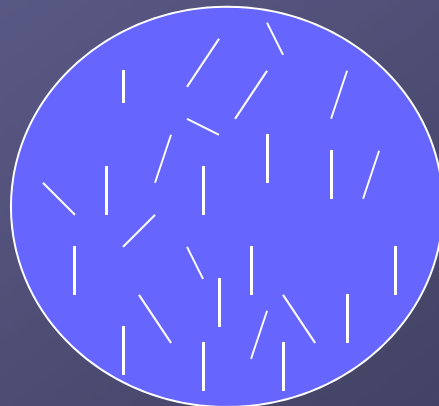
BI-2

1-10 bacilli
in 10 fields



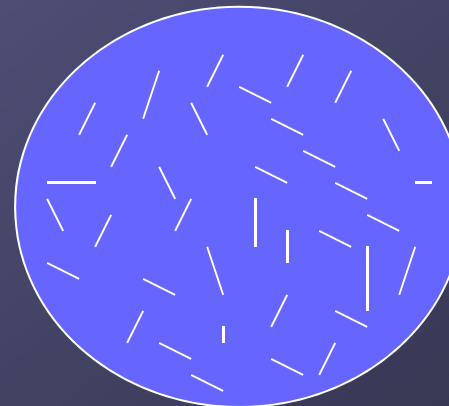
BI-3

1-10 bacilli in
an average field



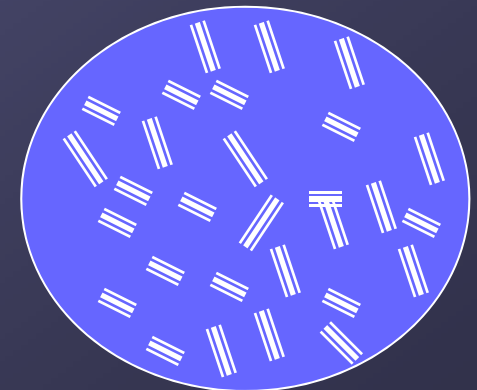
BI-4

10-100 bacilli in
an average field



BI-5

100-1000 bacilli in
an average field



BI- 6

>1000 bacilli in
an average field

Morphological index

- age of presumably live bacilli
- Solid staining - live
- Granular staining - Dead



Culture

- Non-culturable
- Hind foot pad of mice
- Armadillo

PATHOLOGY

The background is a dark blue gradient. Overlaid on this is a pattern of light blue dots connected by thin lines, forming a grid that recedes into the distance, creating a sense of depth. The word "PATHOLOGY" is centered in the upper half of the image in a white, bold, sans-serif font.

Disease of PNS

- Target organ -Schwann cell
- Secondary -Skin (prefers cool areas)

ther organs

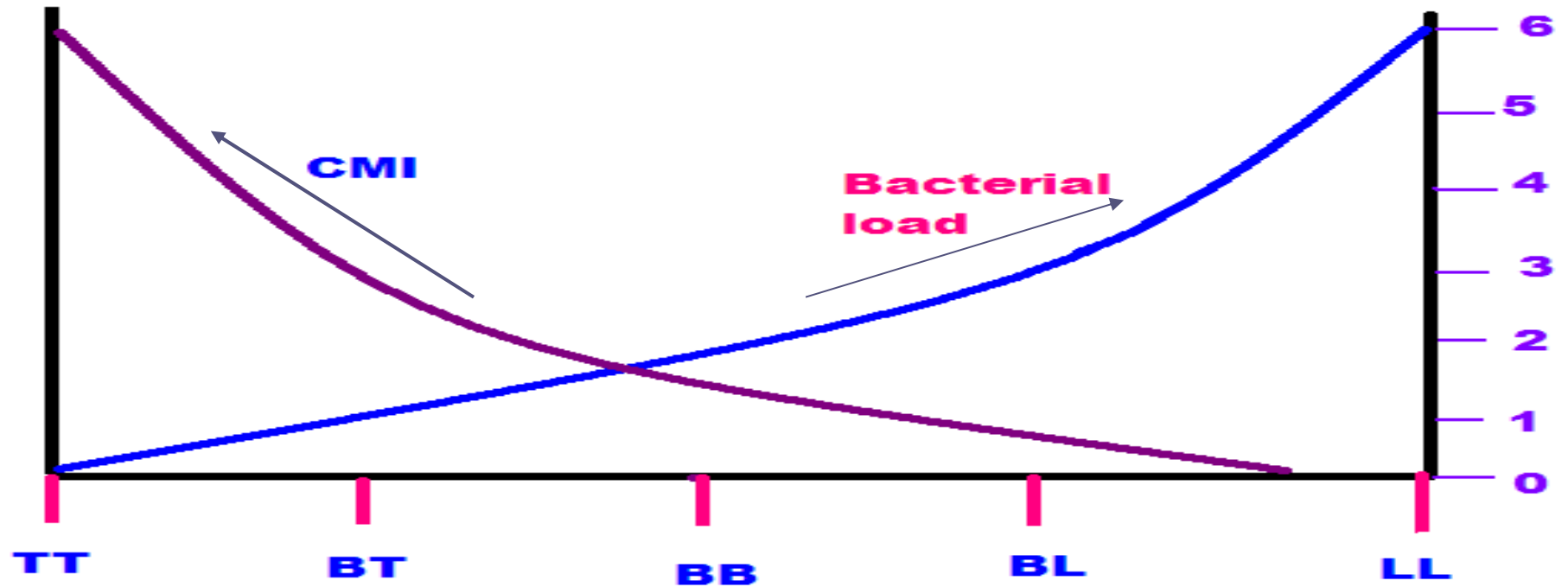
s

- Reticulo-endothelial system
- Nose, pharynx, larynx, trachea
- Endothelium of small blood vessels

- Arrector pilorum, dartos
- Skeletal muscles
- Testes

Female reproductive system is spared

- Spinal cord, CNS
- **Never involved**
- CMI - AMI – Ig (Nonprotective)



RIDLEY – JOPLING SCALE

Lepromin Test

- **Lepromin A**

- Autoclaved suspension of Armadillo tissue

-

- Human tissue

- Non specific

- Not diagnostic

Uses

- To ascertain CMI against *M. leprae*
indeterminate leprosy
- To investigate contacts / high risk
- To classify pure neural disease

Fernandez reaction

Early - 48 hours

Mitsuda reaction

Late - 4-5 weeks

Lepromin

Positive - TT, BT

Negative - BB, BL, LL

Variable - Indeterminate

Classification

RIDLEY JOPLING

TT, BT, BB

- Epitheloid cell granuloma

Giant cells

BL, LL

Foamy macrophages

Lymphocytes (Lepra cells)

CLINICAL ASPECTS

Tuberculoid leprosy

TT (Localized)

Hypopigmented

Hypo aesthetic/anesthetic

Macule / plaque



Hypopigmented

Hypo aesthetic/anesthetic

Macule / plaque



- Usually single/ (1-3)
- Variable size
- Dry, scaly
- Hair loss
- Absence of sweating
- Absence of triple response

- **Nerve feeding the area**

- Enlarged

- Irregular

- Cord like

- Nodular

- Abscess formation

- **AFB**

Skin -negative

Nasal smear -negative

- **Lepromin** -Strongly positive

Secondary changes

- Paralysis of nerve
- Muscular weakness
- Wrist drop
- Foot drop

- 
- Loss of sensation beyond lesions
 - Trophic ulcers
 - Spontaneous blister
 - Osteomyelitis
 - Lepra reaction
 - Pain (Neuralgia)

BORDERLINE TUBERCULOID (BT)

- 3 -10, variable size
- Hypo- pigmented, Hypo- aesthetic
- Loss of hair, sweat

Skin

Absent / scanty

Nasal smear - egative

-



- **AFB**

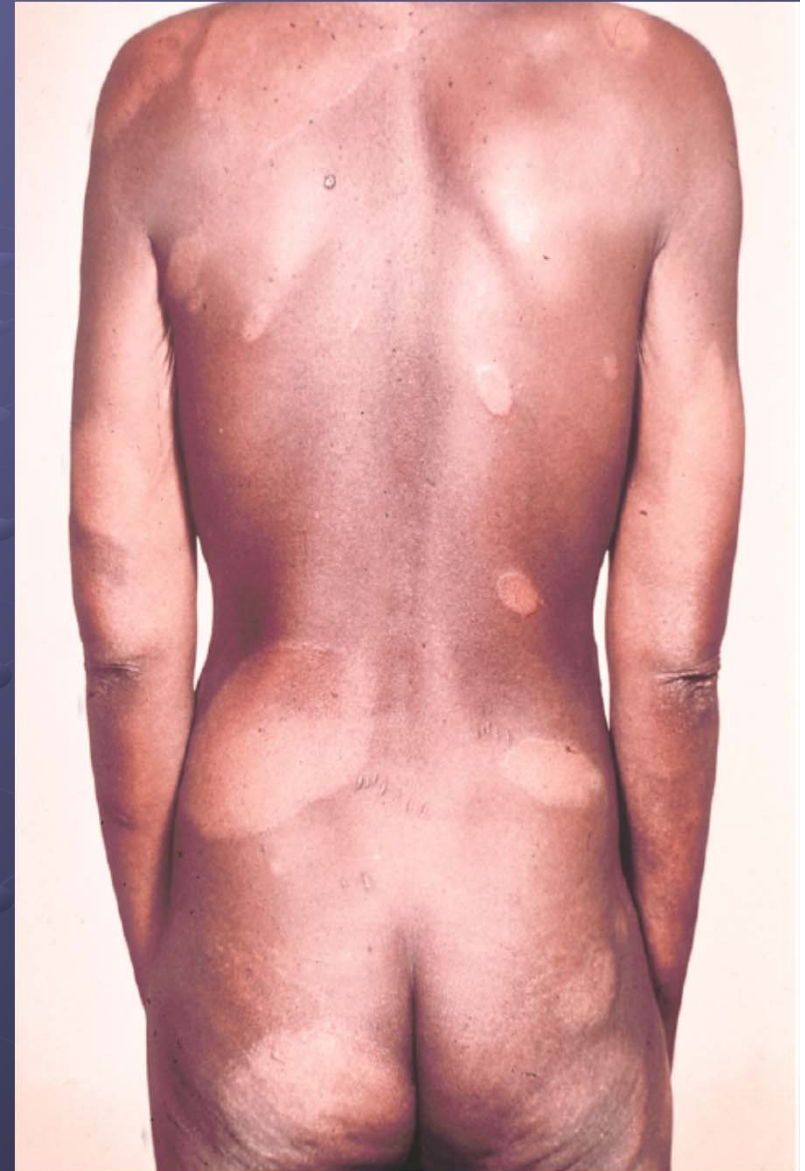
Skin - Absent / scanty

Nasal smear - Negative

- **Lepromin** - Weakly positive



- **Secondary changes**
 - More common
 - Immunological instability
 - Reactions



MID BORDERLINE(BB)

- Lesions >10
Variable size
- rythematous shiny plaques
- Loss



SATELLITE LESIONS

Reactions/Secondary
changes

- Motor
- Sensory



- Punched out lesions (annular)
- Inverted saucer shaped (Swiss cheese)
-



- AFB

- Skin - Moderate

- Nasal smear - Negative

- Lepromin - Negative

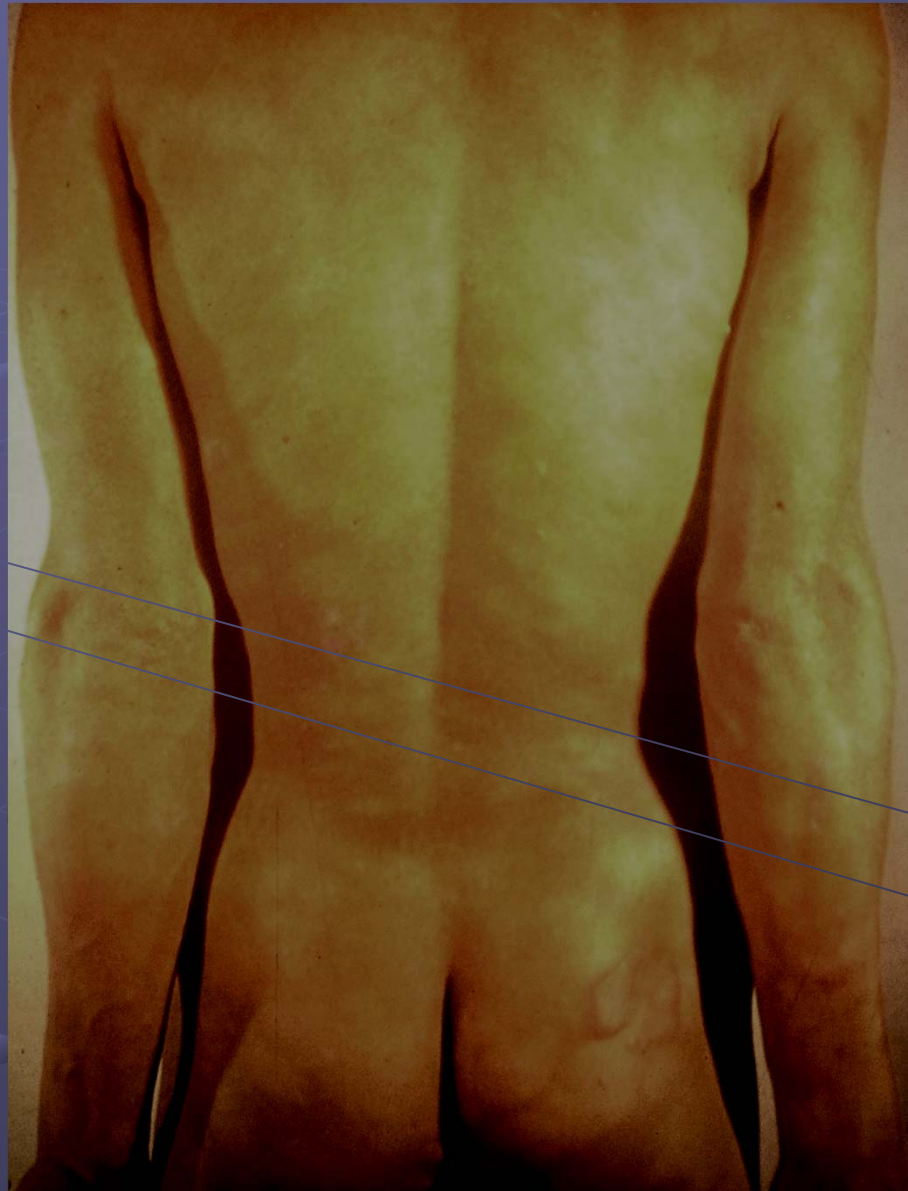
MODERLINE

EPROMATOUS

Large no.of lesions

Papules & nodules

Plaque (less defined)



diffuse areas of infiltration

face, Hands, feet, Ear lobes

symmetrical thickening of
peripheral nerves

glove - stocking anesthesia

some areas of skin still
sore





Hair

Minimal loss over lesions

Loss more in nerve distribution

AFB

- Skin -Many

- Nasal -Usually negative

Lepromin - Negative

• Secondary changes

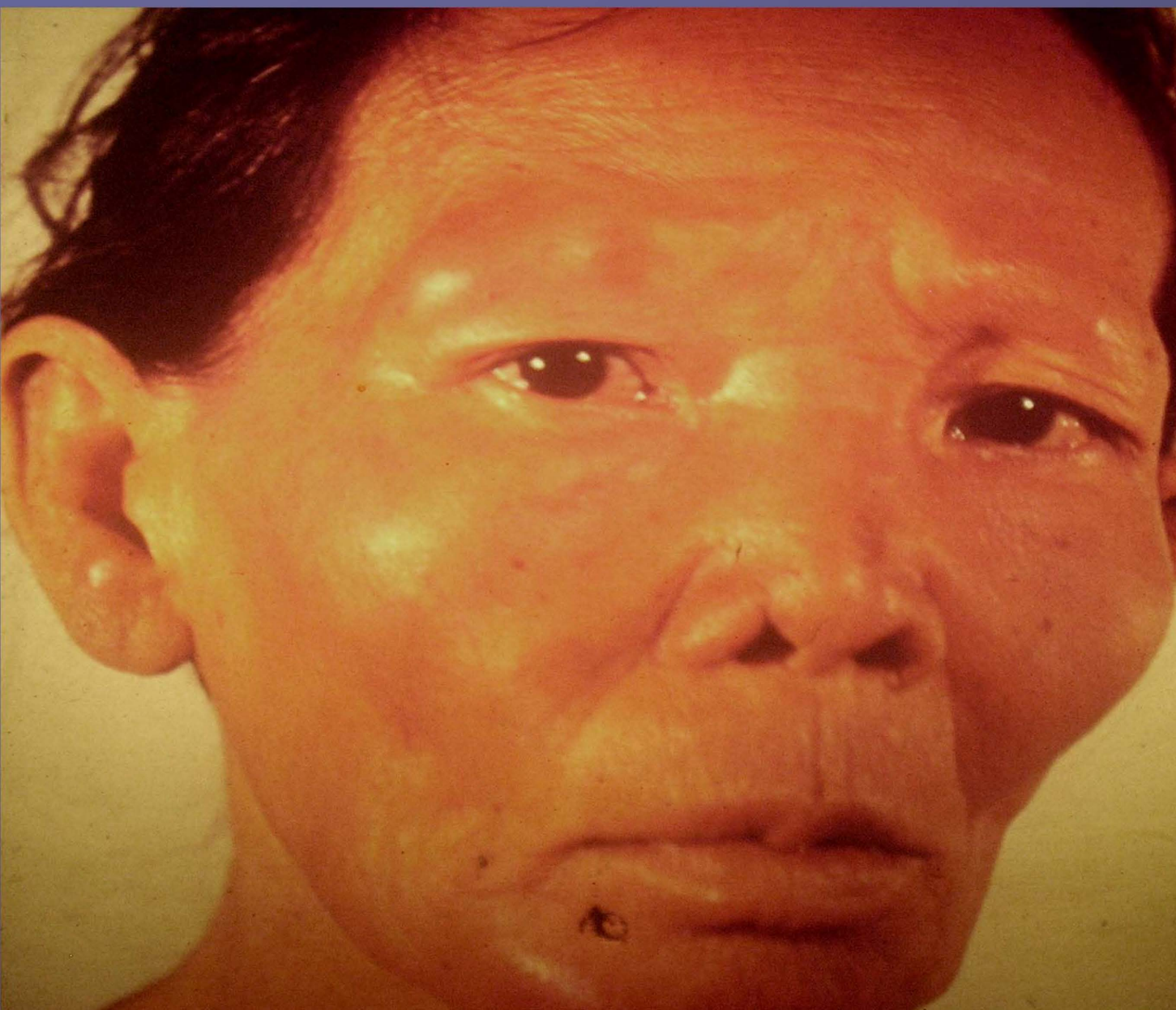
- Reactions
- Deformities
- Motor palsies
- Sensory loss

EPROMATOUS EPROSY

Diffuse infiltration of skin

Widespread lesions,





par lobe infiltration

leonine facies

o plaques

apules & nodules

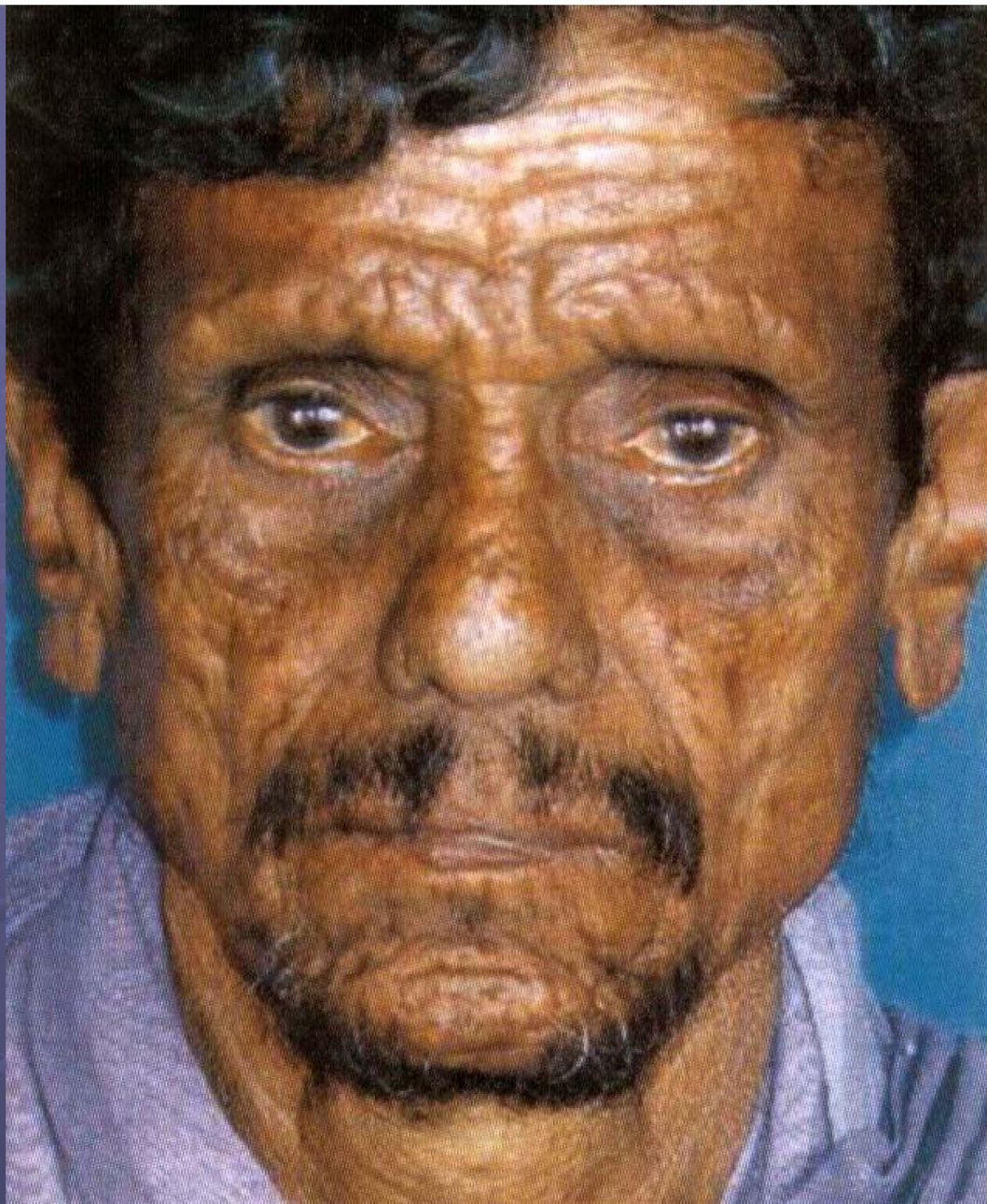
), rarely macules

erves symmetrical

arged









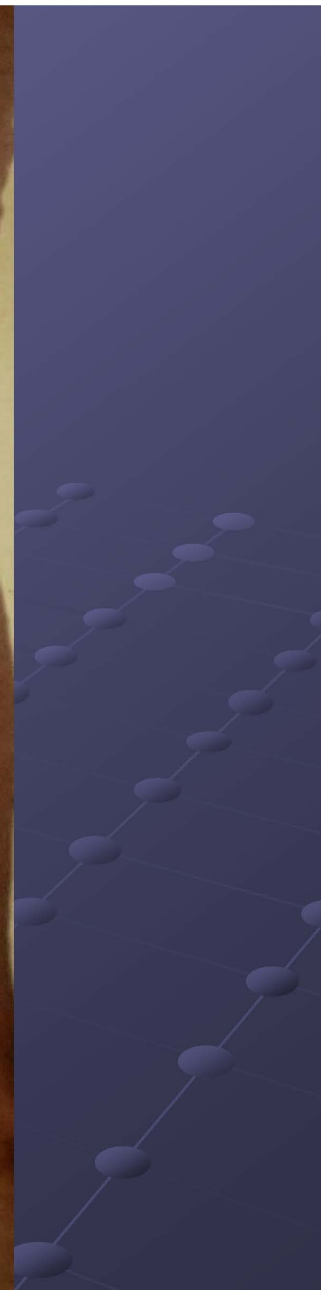


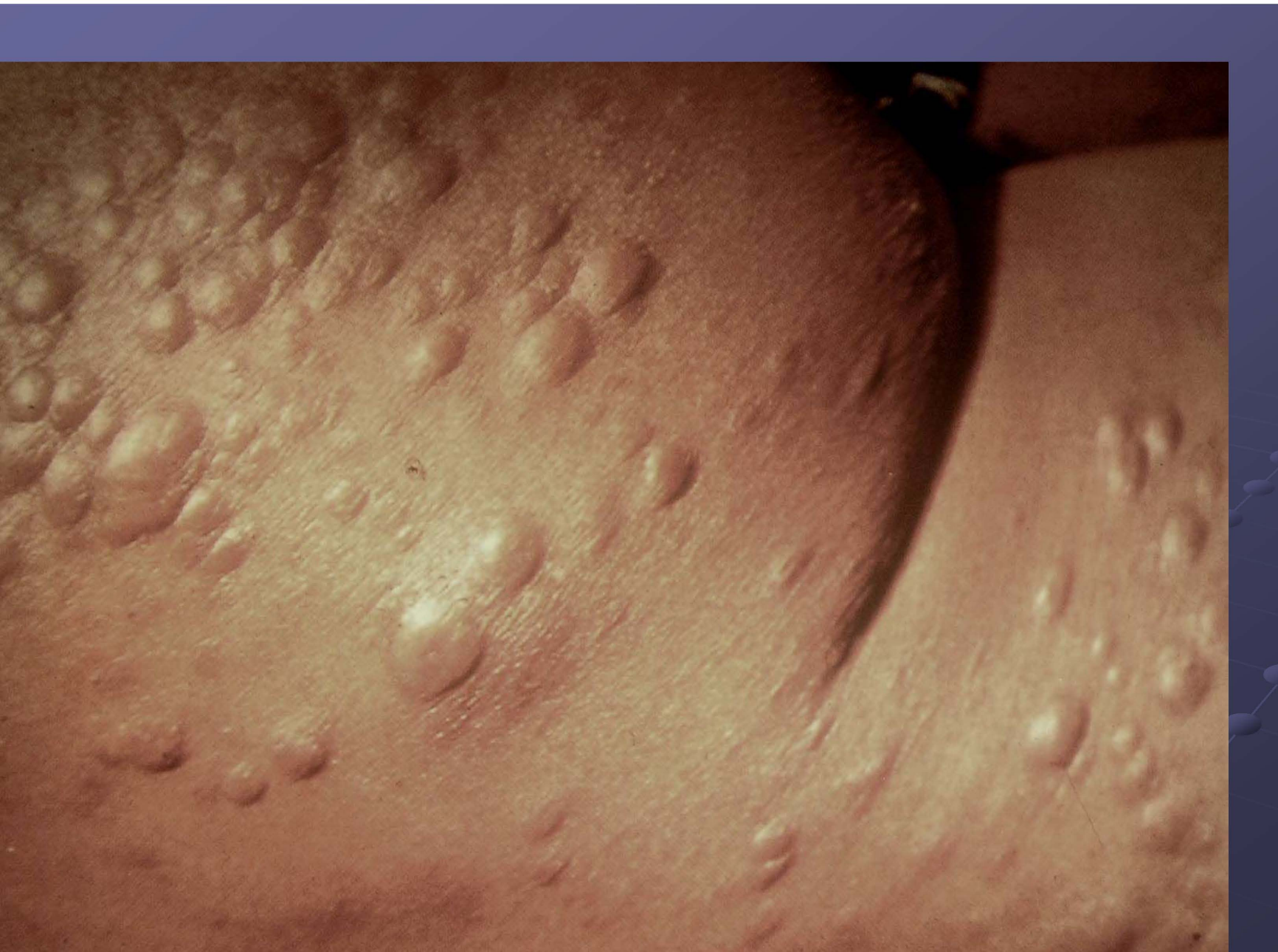
Glove & stocking anaesthesia, ichthyosis

B/L madarosis

- Ciliary
- Superciliary







Hair/ sweat - not affected

AFB

-Skin

-Nasal

Globi & clumps 6 (+)

Lepromin - Negative

SYSTEMIC FEATURES

Epistaxis, nasal stuffiness, saddle nose

B/L pedal edema

Eyes - Iridocyclitis

-

Bones
Osteomyelitis (Hand/Feet/Skull)

Testes - Atrophy
- Acute epididymo-orchitis

Kidney - Amyloidosis,
Glomerulonephritis

Lymphadenopathy

Lepra reaction type II

NERVE INVOLVEMENT IN LEPROSY

PERIPHERAL NERVES

Supraorbital & supra trochlear N

Infraorbital & infratrochlear N.

Supra clavicular N.

- Lateral, Middle, Medial

Greater auricular N

Radial N. & Radial cutaneous Br.

Ulnar N

Median N

Lateral, medial & intermediate
cutaneous N. of thigh

Lateral popliteal N

Post tibial N

CRANIAL NERVES

Olfactory nerve

Fifth nerve

Seventh nerve(Facial)

- Zygomatic branch

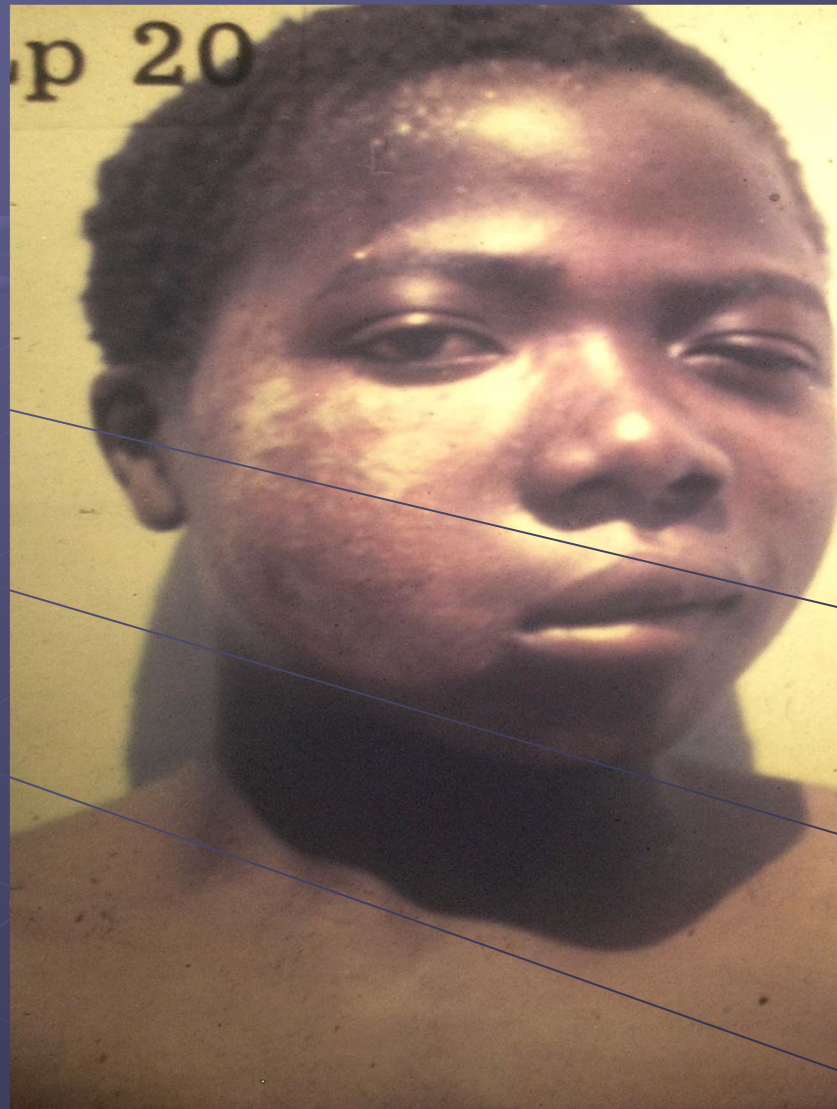
facial N palsy

LMNP

Most commonly
with lesion over face

Lepra reaction

Bilateral in few



INDETERMINATE

EPROSY

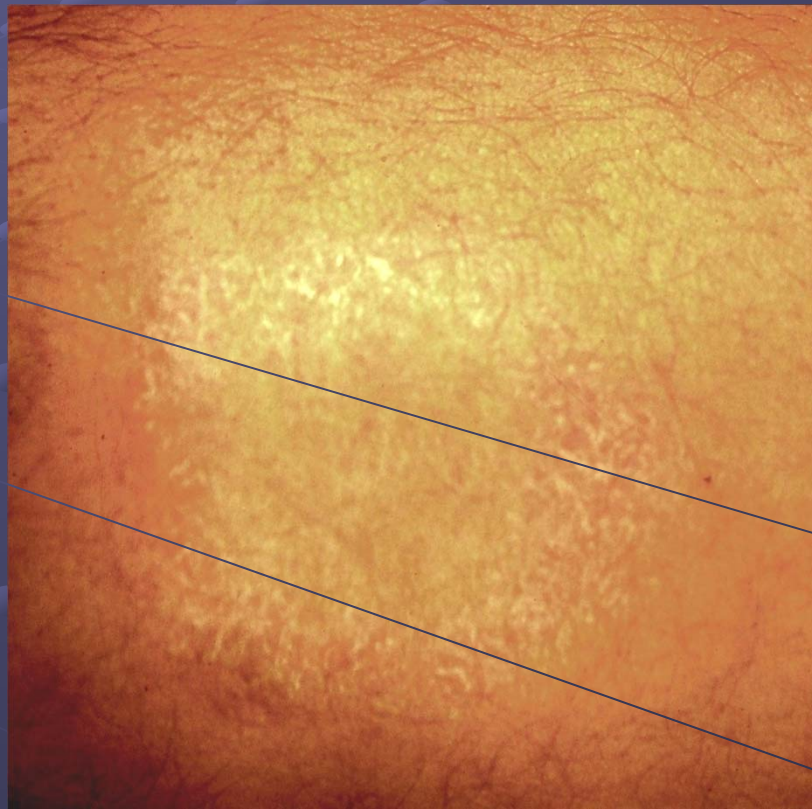
Community

- Not defined

Few hypo-pigmented
macules

Anesthesia $\pm$

Nerves $\pm$



- Smear -ve
- May heal spontaneously
- May evolve as BB, BL, LL, BT
- Lepromin - Variable

LEPRA REACTIONS

Hypersensitivity states

Type I - Delayed type hypersensitivity
(CMI)

Type II - Immune complex mediated
(ENL)

TYPE I LEPRA REACTION

Without treatment



TT → BT → BB → BL → LL



With treatment

- Regain of CMI
- On treatment -about 6 months
- BB, BT

- **Clinical Features**

- Swelling, erythema, ulceration

Lesions

Acute Neuritis

- Paralysis, Neuralgia

- Fever/malaise

- Rarely



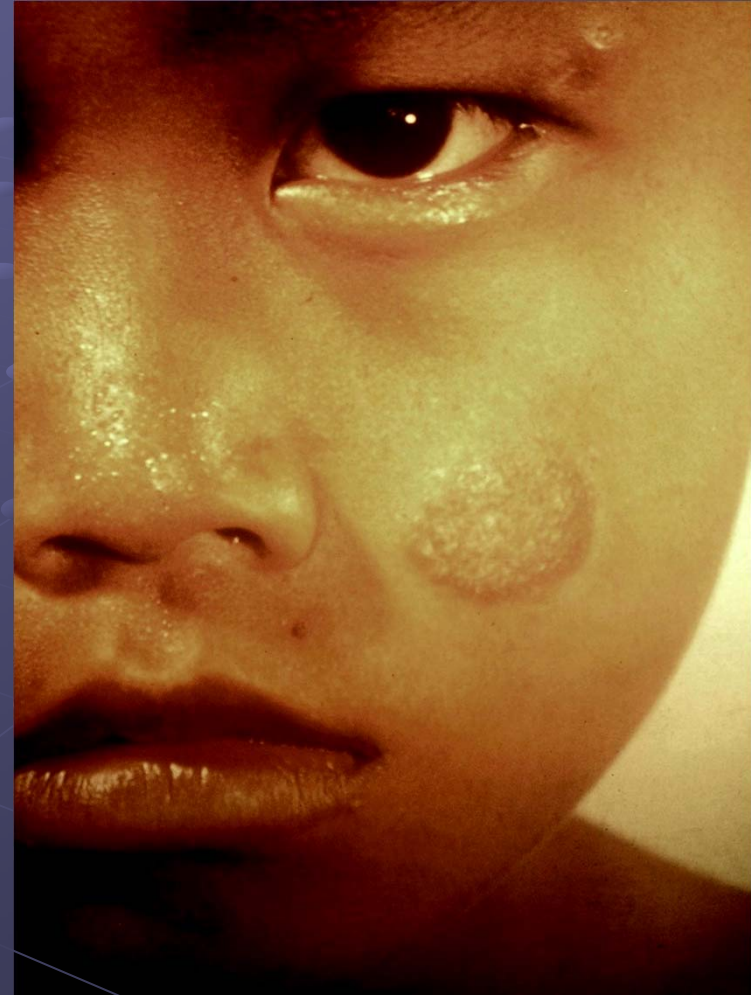
Treatment

Leprosy

- Mild - NSAIDS

Severe

- Systemic steroids
- Glucocorticoids
- Surgical intervention





TYPE II LEPRA REACTION

Erythema Nodosum Leprosum (ENL)

Immune complex deposition

- LL,BL
- No relation with treatment
- May be presenting symptom

Clinical features

Multiple system Involvement

Skin

ENL : VASCULITIS

Bright erythematous,

tender, papule, nodule

plaques



- Eye : Acute iridocyclitis
- Rhinitis, epistaxis
- Ac. Lymphadenitis - generalized
- Ac. Epididymo orchitis

- Ac. Periostitis - Bone pains - tibia
- Ac. Myositis
- Ac. Glomerulonephritis
 - Proteinuria
 - Casts
- Ac. neuritis

Factors precipitating Type 2 reaction

- Inter-current illness /Infection
- Injury, surgical intervention
- Stress -Physical / mental
- Montoux test - vaccinations
- Pregnancy - delivery

TREATMENT

NSAIDS

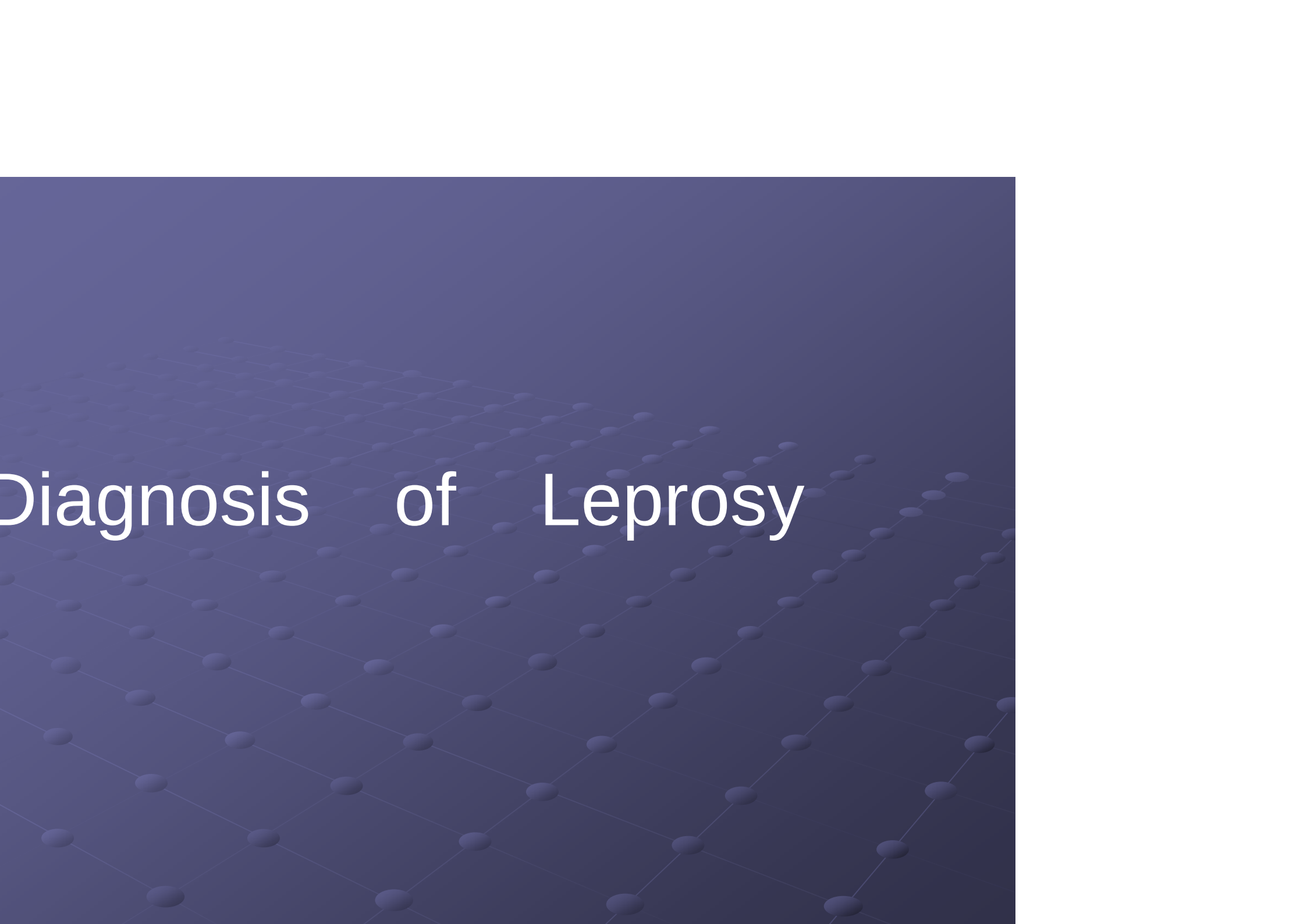
Glucocorticoids - 1mg/kg body wt.

Thalidomide - 100mg TDS

Clofazamine - 100mg TDS

Colchicine 1.5-2.0mg daily

Chloroquine - 250mg TDS



Diagnosis of Leprosy

Investigations for diagnosis

- Slit skin smear
 - SSS
 - BI
 - MI
- Nasal smear

- Skin biopsy
- Nerve biopsy
- Histamine test axon reflex
- Sweating test
- Lepromin test

For treatment & follow up

- HMG,LFT,RFT
- Urine R/E
- X-ray chest
- G-6-PD deficiency (if suspected)

OTHERS

- Normocytic / Normochromic anaemia
- Biological false positive VDRL
- Rh factor, ANF, LE cells
- ESR
- Thyroglobulin Ab
- Anti spermatozoal Ab, Cryoproteins



TREATMENT OF LEPROSY

ANTILEPROSY DRUGS

First line drugs

Dapsone

Rifampicin

Clofazamine

Others :

Ethionamide

Thiacetazone

DAPSONE(DDS)

Diamino–diphenyl sulfone

- Dihydrofolate synthetase inhibitor
- Bacteriostatic

- 6-10mg/kg body wt./week

100mg OD >50kg

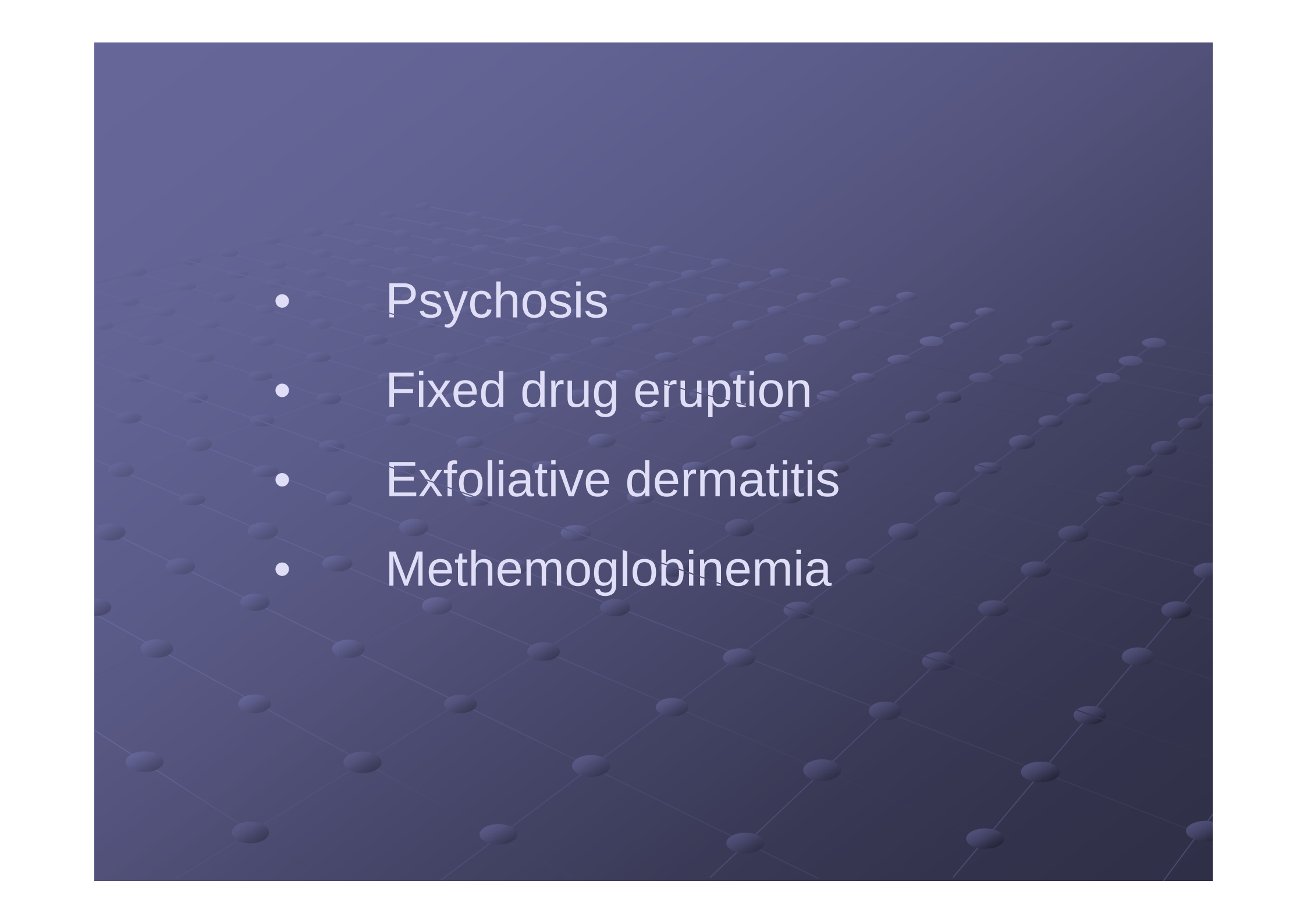
50 mg OD <50kg

Half life - 28 hours

- Cheapest Most effective,
safe in pregnancy

SIDE EFFECTS

- Light headedness/headache
- Hemolytic anemia
- Agranulocytosis
- Hepatitis

- 
- Psychosis
 - Fixed drug eruption
 - Exfoliative dermatitis
 - Methemoglobinemia

CLOFAZIMINE

- Red iminophenazine dye
- Bacteriostatic
- Mechanism - unknown
- Anti-inflammatory action

- Anti leprosy dose - 50mg/OD
Anti inflammatory dose -100mg TDS
- Half life - 70 days

SIDE EFFECTS

- Reversible dose-related, reddish brown discoloration of skin, hair, sputum, urine, faeces
- Keratoderma - Acquired ichthyosis
- Phototoxicity, acneiform eruption

- Abdominal syndrome

Early (1 month) : Diarrhoea/abdominal pain

Late (>3months): Diarrhoea /abdominal pain

- Loss of weight

- Death

- Deposition of

CLOFAZIMINE

CRYSTALS

RIFAMPICIN

- Potent bactericidal
- Inhibits RNA synthesis (DNA dependent RNA polymerase)
- Dose-10mg/kg body weight
 - Maximum 600mg/day
 - 450mg <35 kg
- MI - 0 (5 weeks)

SIDE EFFECTS

- Red discoloration of urine
Intermittent administration.
 - a) FLU Syndrome -Fever, chills,rigors,bone/
joint pains, malaise,headache
 - b) Syndrome of shock, renal failure,
hemolytic anemia, purpura

OTHERS

- Hepatitis
- Thrombocytopenia
- Psychosis
- Osteomalacia

- Pemphigus vulgaris
- Steven Johnsons syndrome
- Porphyria cutanea tarda

Drug interaction

-Induction of hepatic microsomal enzymes
(Steroids /oral contraceptive)

TREATMENT REGIMEN

Classification for treatment purposes

Paucibacillary - Smear negative
(TT,BT)

Multibacillary - Smear positive
(BB,BL,LL)

MULTI DRUG THERAPY : (MDT)

WHO

Need : Drug Resistance - Dapsone

WHO MDT (PB)

Dapsone 100mg OD (Self administered)

Rifampicin 600mg once monthly

(Supervised)

Duration - 6 months

Children (0-5year)

- Dapsone 25mg

- Rifampicin 300mg

(6-14 year)

- Dapsone 50mg

- Rifampicin 450mg

WHO MDT (MB)

Dapsone -100mg OD (Self administered)

Rifampicin-600mg once monthly (supervised)

Clofazamine-50mg OD (self administered)

300mg once monthly (supervised)

Duration - 2 years

NLEP MDT

PB - Same as WHO

MB - Intensive phase + WHO

Intensive phase

2 weeks daily - supervised

Rifampicin - 600mg

Clofazimine - 100mg

Dapsone - 100mg

x 14 days

Newer drugs

Clarithromycin

Ofloxacin

Minocycline

Rifabutin

Pefloxacin

Dapsone analogues

REHABILITATION

- Cosmetic correction
- Profession adjustment

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- Cosmetic correction
- Profession adjustment



