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Letters to the Editor

LEPROMATOUS LEPROSY: FOLLOW-UP RATE IN 84 PATIENTS

Sir,

Many may recall the research into nasal involvement in lepromatous leprosy at Victoria Hospital, Dichpalli, Andhra Pradesh, India initiated by the late Dr Frank Davey in the 1970s. Several other distinguished doctors took part in what was essentially a team effort, including Drs Dick Rees, Colin McDougall, Professor Graham Weddell and Drs Gordon Ellard and Lykle Hogerzeil. As a young ENT Surgeon I was privileged to be involved examining noses, interpreting clinical findings and taking biopsies and smears for further investigations. As a result of these investigations many papers were published.

Material

In April 1985 I was fortunate to revisit Victoria Hospital and took the opportunity to review, from the outpatient records, how the patients who had been studied had fared. Several hundred patients had been examined but two particular groups had been extensively investigated. Thirty-four patients, previously untreated, all with early lepromatous leprosy ('Bergen' Series) of whom 33 had obvious clinical involvement of the nasal mucosa[1] and a further 50 patients ('RR' Series) seen in 1978 all with lepromatous leprosy and having already had dapsone monotherapy for 3 months to 8 years with varying regularity.[2]

Results

Table 1. Bergen series.

Period of follow-up after initial consultation	Number	(%)
Less than 2 years	12	(35%)
2–5 years	12*	(35%)
5–10 years	7	(21%)
10–12 years	3†	(9%)
	34	(100%)

*Artificially high as 6 (50%) of this group responded to a letter and financial inducement and returned in February 1978.

†All three patients regular attenders over whole period.

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Table 2. RR series.

Period of follow-up after initial consultation	Number	(%)
Less than 2 years	7	(14%)
2–5 years	14	(28%)
5–10 years	14	(28%)
10–15 years	5	(10%)
Follow-up elsewhere	3	(6%)
Patients & notes 'lost'	7	(14%)
	50	(100%)

Discussion

At first glance the follow-up rate appears good and certainly every effort is made at Victoria Hospital to maintain a high return rate even though the need for such long-term follow-up may have been reduced now by the introduction of multidrug therapy. All the patients referred to in this article were treated, at least initially, with dapsone monotherapy. Although a 30% (Bergen series) and 38% (RR series) follow-up for 5 years or more may appear encouraging, when the records are examined with reference to regularity of treatment a different picture emerges. For example in the Bergen series only 3 (6%) had attended completely regularly—this being arbitrarily defined as having not been more than 3 months late for an appointment on more than one occasion. In the RR series 5 (10%) patients failed ever to return following evidence of a positive 'nose blow' on the last attendance, despite having started Lamprene or multidrug therapy and having been counselled adequately regarding further treatment. Looking through the records it is possible to read with depressing regularity statements such as, 'Returns after four year gap', or 'absconded from inpatient treatment'. Only 2 (4%) of the patients in the RR series had been entirely regular through to 1985.

There are, of course, many reasons for non-attendance in rural India and it is not suggested that the figures here show an entirely accurate picture. Patients will have died from other causes, moved to other areas, obtained treatment elsewhere or have been cured despite theoretically inadequate treatment.

However, with the introduction of multidrug regimes and the possibility of vaccines in the future all hospitals and institutions treating leprosy should be looking more carefully into the importance of detection and then of ensuring adequate follow-up of patients undergoing treatment.

Acknowledgment

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[2] Barton RPE, McDougall AC, Theodore R. Clinical and histological studies of the nose in treated lepromatous leprosy. Excerpta Medica, Proceedings of the 11th International Leprosy Congress, Mexico (1978) Paper 3/82.