Lepr Rev (1988) **59,** 362–365

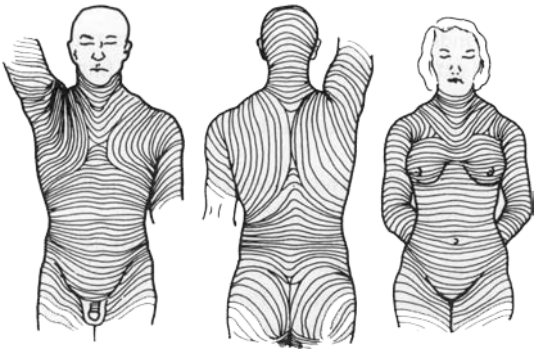
Teaching Materials and Services

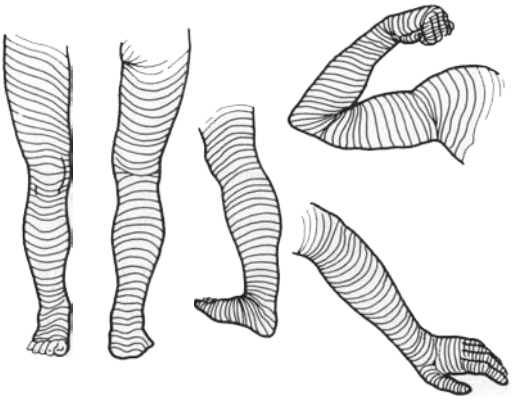
Skin biopsy; 'ABC of Dermatology'; British Medical Journal

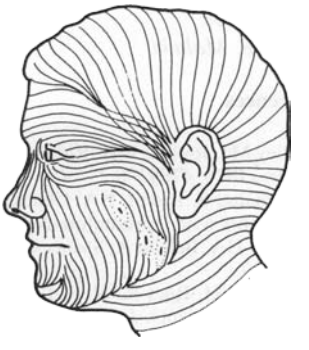
We are most grateful to the author, Dr D W S Harris, Department of Dermatology, The Royal Infirmary, Edinburgh, EH3 9YW, Scotland and to Dr Stephen Lock, Editor of the *British Medical Journal*, for permission to publish this section from a recently published article: *BMJ*, **296,** 12 March 1988. Although intended for dermatologists, there are several important points of technique which will repay attention.

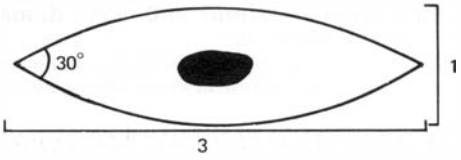
Many common conditions can successfully be dealt with by simple techniques which, once acquired, can easily be used in general practice. In this article several of the most useful are discussed.

Skin biopsy is used to establish a diagnosis (incisional) or to remove a lesion (excisional). In both cases the incision should be elliptical and should run parallel to the skin wrinkle lines.









As a rule of thumb the long axis of the wound should be about three times as long as its short axis. The apical angle should be no more than 30°.

Procedure

(1) Explain the procedure to the patient, warning about the scar that will result from it. This may be slight on the face but more prominent in areas susceptible to keloid formation, such as the sternum, shoulders, and upper outer arms.

(2) Establish that the patient is not allergic to local anaesthetics.

(3) Obtain consent.

(4) Mark out the planned incision with sterile gentian violet before injecting the local anaesthetic.

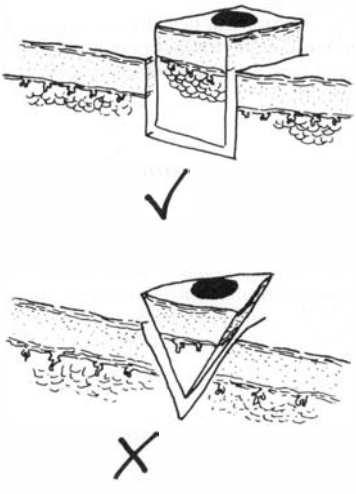
(5) Anaesthetize with 1–2% plain lignocaine. Lignocaine–adrenaline combinations, though they help to reduce bleeding, should not be used on the extremities. The mild discomfort of the injection may be lessened by injecting very slowly and avoiding lignocaine–adrenaline mixtures.

(6) A number 15 blade is used, cutting at 90° to the skin surface. Wedge shaped incisions heal poorly, as illustrated.

(7) A skin hook may be used to lift one end of the specimen to release its underside. Forceps crush specimens and cause pathological artefacts.

(8) Removal of sutures—from the face at 4–5 days, from the trunk at 7 days, and from the leg at 10 days.

(9) Elevation and compression bandaging are advisable when removing lesions from the lower leg.



Guidelines for the development of a national AIDS prevention and control programme

'The epidemic of Aids (acquired immunodeficiency syndrome) is a world health problem of extraordinary scale and extreme urgency. It represents an unprecedented challenge to the public health services of the world. This book is the first in a series of publications to be produced by WHO with the aim of helping national authorities to meet this challenge. It provides information on the establishment and organization of a national programme for the prevention and control of AIDS, covering definition of programme objectives, development of strategies, identification of appropriate activities, and evaluation of achievements and disease trends.'

Apply: Office of Publications, WHO, 1211 Geneva 27, Switzerland. Price US $4.80.

Promotion of research on leprosy reactions and nerve damage

From the *TDR Newsletter* No. 25, Winter/Spring 1988:

'During the last decade, advances in research on the chemotherapy and immunology of leprosy have led to significant improvements in leprosy control tools, which, in some endemic areas, have dramatically changed the pattern of leprosy.

Little or no progress has been made, however, in research on leprosy reactions and nerve damage—two important areas of prevention and treatment. The involvement and later destruction of the peripheral nerves is a specific universal characteristic of leprosy, and the consequences, particularly deformities and disabilities, are of great significance both to the patient and to the community.

The onset of nerve damage in leprosy can be either rapid or insidious. However, recent information indicates that insidious "quiet nerve paralysis" (silent neuritis) is far more common than previously suspected.

Leprosy reactions, apart from producing considerable physical and mental discomfort, are a major cause of nerve damage and consequent disability. Leprosy reactions can sometimes occur even after the cessation of multidrug therapy, potentially undermining patient confidence in the efficacy of modern treatment. Furthermore, some of the advantages expected of fixed-duration multidrug therapy—diminished workload and lowered costs of leprosy control—may be offset by requirements for the treatment of leprosy reactions, which requires care that is often more demanding than chemotherapy itself.

The apparent lag in the development of new methods for the prevention and treatment of nerve damage and leprosy reactions is due largely to the fact that the pathogenesis of these processes is not fully understood. In addition, to date no suitable animal model has been developed for the study of nerve damage or leprosy reactions. Consequently, fundamental research is urgently needed to develop a better understanding of the mechanisms involved in both disease processes. Animal models should be established, and new methods of preventing and controlling nerve damage and leprosy reactions, including systems for screening such methods, should be developed. These research activities represent a challenge to both clinicians and basic scientists.

The TDR Steering Committees on the Chemotherapy (THELEP) and the Immunology (IMMLEP) of Leprosy have singled out these activities in their strategic plans for future research. Interested scientists are invited to submit research proposals related to nerve damage and leprosy reactions. Specific research topics include:

- development of suitable animal models;
- elucidation of effector mechanisms in peripheral neuritis and leprosy reactions, including definition of the antigens involved and of the role lymphokines/cytokines play in the inflammatory process;
- development and/or identification of new drugs for better treatment of neuritis and leprosy reactions.

H. Engers and Ji Baohong

Leprosy for medical practitioners and paramedical workers; R H Thangaraj and S J Yawalkar

The third (revised) edition of this excellent booklet (1988), published by Ciba-Geigy Ltd, Basle, Switzerland, and available free of charge, has now appeared and will be distributed at the *XIIIth International Leprosy Congress in the Hague.* There are no fewer than 135 colour pictures of high quality, together with a considerable number of diagrams and charts of great practical value. Both authors have wide experience of leprosy, particularly in India, and the text is at the same time informative, comprehensive and readable. This booklet is almost certainly the most up-to-date and useful of its kind in existence, and as with the previous editions, will surely have an enormous circulation.

OXFAM–LEPRA pack of teaching–learning materials on leprosy

The 'mini-pack' of 10 documents was started in 1983 and sold about 670 packs by the time the service was stopped in mid-1988, with distribution to virtually all leprosy-endemic countries in many different parts of the world. A few 'archives' copies have been retained for reference. Including the contribution of the original large pack of 25 documents, started early 1982, OXFAM has distributed over 10,000 separate items of teaching–learning material in this way. There is a possibility, still under discussion, that a similar pack will now be assembled for tuberculosis.

Medical Education Newsletter, Dundee, UK

We have just received the latest issue of the excellent Medical Education Newsletter from Dundee; Centre for Medical Education, The University, Dundee DD1 4HN, Scotland, UK, which, as usual, contains dozens of interesting items of information. Headings include: International Encyclopedia of Teaching and Teacher Education; Diploma Course in Medical Education; Distance Learning; BLAT Centre for Health and Medical Education, London; Computers in Medical Education.

Technical guide for sputum examination in tuberculosis

This excellent booklet on sputum examination in tuberculosis is available from the International Union Against Tuberculosis, 3, rue Georges Ville, 75116, Paris, France. It describes collection, storage, the laboratory, registration of specimens, preparation of smears, staining, microscope examination and recording systems. This extremely clear and practical guide should be in the hands of all who run tuberculosis control programmes (and translated if necessary).

Teaching Aids at Low Cost (TALC), UK

TALC, PO Box 49, St Albans, Herts, AL1 4AX, England, produce books, slides and 'accessories' on; Mother and Child Care; Nutrition and Child Growth; Disability and Appropriate Technology; Health Care Services; Education and Communication; Medicine (the latter including 'common medical problems in the tropics', etc).

The slide sets have 24 colour transparencies, available either as strips, or ready-mounted, or mounted and in a plastic folder, together with full explanatory, self-instructional written texts. The prices for the full range of items are remarkably low; and lower for applicants from developing countries. The sets on leprosy are:

1 Lp. Leprosy. A description of the disease with particular reference to childhood. This is currently (late 1988) under revision, but sets of the first issue are still available.
2 LpCn. The classification of leprosy. Immunology leads to improved classification.
3 LpD. Leprosy lesions in skins of different colours. Diagnosis in Asian patients.
4 LpN. Care of the nerve damaged limb. How to teach patients to care for their limbs in leprosy and other neurological conditions to preserve residual function.

OXFAM; Questions and Answers on MDT for Leprosy

The third edition has now almost sold out, and a revised fourth edition is with the printers, including some information on AIDS and leprosy, and incorporating positive proposals received from readers in many leprosy-endemic countries. Health Unit, OXFAM, 274 Banbury Road, Oxford OX2 7DZ, England.

Health workers for the Third World, BOMS, London

The Bureau for Overseas Medical Service and the Appropriate Health Resources and Technologies Action Group have developed a new course for health workers who are interested in working in the Third World. The five-day course from 18–22 April will cover topics such as education, nutrition, maternal and child health, water and sanitation, essential drugs, and disease prevention. Further information from Catherine Gibb, Training Officer, BOMS, Africa Centre, 38 King Street, London WC2E 8JT.

Heiser Program for Research in Leprosy

Leprosy research today

Current research in leprosy falls under three main headings: bacteriology, immunology, and chemotherapy.

Bacteriological research revolves around the fact that *Mycobacterium leprae* has not been cultivated *in vitro* (on bacteriological media). Dr Armauer Hansen in Norway first observed the organism microscopically in 1873, but the organism was not grown outside the human body until 1960 when Charles C Shepard found that it would grow in the footpads of mice. More recently, the armadillo (*Dasypus novemcinctus*) has been found to be highly susceptible and to grow large numbers of *M. leprae* in its tissues. While attempts to grow *M. leprae* on bacteriological media continue, the armadillo material has made possible a wide variety of new studies of the organism. Specific antigens have been isolated and characterized, and studies of DNA homology have been applied to a better classification of *M. leprae* and its relationship to other bacteria.

On the immunological front, both cellular and humoral immunity are under intensive investigation. The role of the various subsets of lymphocytes is being studied *in situ* in biopsies of leprotic skin, and the macrophage, in which the organisms appear to grow, is also a focus of attention. A number of monoclonal antibodies to surface antigens of *M. leprae* are being used in attempts to identify the antigens that are most significant in pathogenesis for possible vaccine development.

Chemotherapeutic work involves efforts to develop new and more effective drugs. The organism appears to be developing resistance to dapsone, the drug most widely used in therapy of leprosy. The other effective drugs are too costly for use in the areas of high incidence of the disease. At best, treatment requires long periods of time, and better, more rapidly effective drugs are sorely needed.

The research on leprosy is thus directed on the one hand at a better understanding of the microorganism and the pathogenetic mechanisms by which it causes disease and on the other at developing methods of treatment and control. The approaches are interrelated, since new information on the pathogen, and the host response to it, is required for the development of rational measures of control.

The Heiser Program for Research in Leprosy, 450 East 63rd Street, New York, New York 10021, USA.