

A 7-GROUP CLASSIFICATION OF LEPROSY FOR INSTITUTIONAL AND FIELD WORK

Sir,

For most of this century a dialogue has gone on to evolve a consensus classification which could meet the requirements of both institutions and field workers. The terminology used in this dialogue has been a source of confusion to many workers.¹ An important element in all systems of classification has been the use of clinical criteria for delineating the disease and since this is a subjective activity, likely to differ from one individual to another, it has undoubtedly fuelled the controversy. Many of the systems in use today are not reproducible from one centre to another and this is a major handicap between various international and Indian classifications.

It is important to recognize that the five groups, namely TT, BT, BB, BL and LL,² not only take cognizance of clinical features, but also of bacteriological, immunological and histopathological characteristics. Indeterminate leprosy does not find a place in the spectrum, but in fact, it is an important entity. Furthermore, leprosy manifesting in the form of thick and tender nerves without any evidence of lesions over the skin surface is another important clinical entity, particularly in some parts of the world, and provision should be made for its inclusion, notably in India. I do not wish to confound the issue by proposing yet another system of classification, but rather to suggest that 7 groups would indeed be valuable in both institutions and some control programmes. These could be tuberculoid, borderline—tuberculoid, mid-borderline, borderline—lepromatous, lepromatous, indeterminate and polyneuritic. Finally, I would greatly favour classification based mainly on *clinical* findings in situations where histopathology, immunology and slit-skin smear services are either not available or unreliable.

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Reference

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- ² Ridley DS, Jopling WH. Classification of leprosy according to immunity. A five-group system. *Int J Lepr*, 1966; **34**: 255–73.