## LEPROSY SCORE CHART TO ASSIST CLASSIFICATION

Sir,

In Papua New Guinea (PNG) we have for some years used a clinical score sheet to assist in the diagnosis of tuberculosis in children.<sup>1</sup> The score sheet is easy to fill in and well used by a wide range of health workers, from medical officers in hospitals to rural health workers in health centres

throughout the country. Doubts have been raised<sup>2.3</sup> about the quality of leprosy smears and leprosy microscopy services in many countries and we have also experienced similar difficulties in our own Multiple Drug Therapy (MDT) programme in PNG.<sup>4</sup> Bearing in mind the above, we have developed a Leprosy Score Chart to assist in the classification of cases in our MDT programme, and to help minimize errors in classification. We have developed the following Leprosy Score Chart based on our TB score chart:

Clinical finding	I	2	3	Score
Number of patches	0–5	6–20	20+	
Sensation	Absent	Reduced	Normal	
Edge of lesions	Obvious	Satellites	Unclear	
Loss of pigment	Yes	Some	Very little	
Surface raised	Edge only	Centre	Nodules	
Enlarged nerves	Less than 2		2 or more	
Muscle tests failed	Less than 2		2 or more	
Central healing	Yes	None		
			Total	

Circle box and write the score at the end of each line

Patients with a score of 12 or more are classified as multibacillary (MB). All others are classified as paucibacillary (PB) unless smear result suggests MB, i.e. BI 2 or more. BILATERAL SYM-METRICAL EAR LOBE INFILTRATION IS AUTOMATICALLY MB.

We would appreciate comments from readers to assist us in further development of this concept. We are certain that there must be some clinical criteria available in a simple format to assist all health workers in classification of patients for MDT. We feel that we cannot afford to rely totally on laboratory services, which are often inaccessible or unreliable in developing countries.

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## References

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- <sup>4</sup> Hudson BJ. Tuberculosis and leprosy: provincial implementation of the new chemotherapies. Papua New Guinea Med J (Editorial), 1989; in press.