

## **NEED FOR PERIPHERAL NERVE EXAMINATION DURING LEPROSY CASE-DETECTION SURVEYS**

Sir,

The main thrust of leprosy control/elimination programmes is based on the early detection of leprosy cases, but during leprosy surveys, peripheral nerve examination is often neglected. Though the proportion of pure neuritic leprosy is much less, these are the cases who run the risk of disability if not treated at an early stage.

At the SLR & T Centre, it has been routine practice to review the previous clinical status whenever a new case is detected (clinical status at previous survey).

A 28-year-old patient reported to the clinic at Gudiyatham town on 19 April 1993 with numbness of both hands and fissures on his hands and feet. There was no record of clinical findings. A skin smear for AFB and a urine test for sugar were carried out and were negative.

A total population survey was carried out in his village on 24 April 1993. According to the survey records, this person was examined and declared as healthy, i.e. no signs of leprosy, by the paramedical worker.

The patient voluntarily reported again to a roadwise leprosy clinic on 5 July 1993. This time he had detailed screening and was found to have enlarged peripheral nerves (both great auricular, left ulnar, both radial cutaneous and left sural) and weakness of muscles supplied by the left ulnar nerve. He had sensory loss over all 4 extremities. A skin smear was negative for AFB. A histopathological examination of the left sural nerve revealed borderline lepromatous leprosy neuritis. He was started on MDT-MB and steroids.

Therefore, it is important to examine peripheral nerves during surveys and at clinics. This will enable us to detect not only PN leprosy patients more quickly, before they develop disability, but also other MB cases where skin lesions are not apparent.

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