Editor,

Thank you for the opportunity to respond to Dr Schreuder's comments.

At issue in this discussion is the definition of nerve function impairment (NFI) in leprosy and its correct management. When patients have unequivocal signs of recent NFI, such as nerve tenderness, weakness or sensory loss, with or without signs of a reversal reaction, it is clear that steroids are the treatment of choice. It is possible, however, to use more and more sophisticated techniques to look for early or minimal signs of NFI: these include the assessment of autonomic nerve function and better methods of sensory testing, especially the use of standardized nylon monofilaments.

The question we are interested in is: how important are minimal signs of NFI discovered by these newer techniques? Do they indicate the imminent onset of more serious NFI which could be prevented by steroid treatment, or do they suggest a common, but mild and perhaps self-limiting neuritis with a good prognosis? It is conceivable that every leprosy patient would show some degree of nerve involvement if we had tools sensitive enough to detect it.

The clinical details of the 12 cases we reported are available. At diagnosis, four had normal hands and eight had some degree of loss of sensation (LOS) to the 10 g filament. Three received steroids at diagnosis for recent NFI. Thus many of the study group had previous NFI, but during the study they developed new NFI detected by the 1 g filament.

The filament study itself was not started at the time of diagnosis, but looked at patients already enrolled in another long-term study of the results of MDT. We believe that all patients on MDT are at some risk of developing neuritis, and the original study examined 159 patients prospectively for several months, with 19 meeting the standard criteria for steroid treatment for recent NFI.[1]

The 12 patients we re-examined 5 years later were chosen precisely because they did not fit the standard criteria for NFI and were not treated with steroids, but they did show signs of new sensory loss when tested over a period with the much more sensitive 1 g filament. Thus we were looking at cases of presumed recent, minimal, silent neuritis. We found that 11 of the 12 did not develop further damage on long-term follow-up. The 12th patient did develop more sensory impairment and was treated later with steroids.

Our main point is that the use of very sensitive methods of nerve function assessment may lead to unnecessary over-treatment with steroids.

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Reference

[1] de Rijk AJ, Bypass P. Field comparison of 10 gm and 1 gm filaments for the sensory testing of hands in Ethiopian leprosy patients. *Lepr Rev*, 1994; **65:** 333–340.