

Incidence and Clinical Profile of Leprosy in a Tertiary Care Hospital: A Retrospective Study

Revathy Mathan¹, K Maha Devan²

¹Associate Professor, Department of Dermatology, Government Theni Medical College and Hospital, Theni, Tamil Nadu, India, ²Professor, Department of Dermatology, PSG Institute of Medical Sciences and Research, Coimbatore, Tamil Nadu, India

Abstract

Introduction: Leprosy is a chronic disease caused by *Mycobacterium leprae* affecting the peripheral nervous system, the skin, and certain other tissues. Although the prevalent rates of Hansen's disease have shown a downward trend in India, about 50% of the world's burden is from India.

Aim: To study the incidence and type of leprosy in a tertiary care hospital.

Materials and Methods: A retrospective study of people attending our department, who had been diagnosed as leprosy was studied for a period of 4-years from January 2012 to December 2015. Our study group included 168 patients.

Results: Out of 168 patients, 108 were males and 58 were females. There were 2 male children affected by leprosy. There were 98 multibacillary cases and 70 were paucibacillary cases. The highest prevalence of leprosy was seen in the age group of 21-40 years.

Conclusion: Although leprosy is to be eradicated in India, new cases are being continuously reported in all the areas. Our study shows the current status of leprosy in a tertiary care hospital.

Key words: Leprosy, Multibacillary, Paucibacillary

INTRODUCTION

Leprosy has a wide distribution in the world and is most prevalent in the tropics and subtropics. Leprosy is believed to have originated in Asia, and the earliest records of leprosy-like disease come from China and India. The aim of our study was to analyze the incidence, clinical features, and complications encountered in leprosy patients.

MATERIALS AND METHODS

This study was done in the Department of Dermatology, Theni Medical College and Hospital, Theni. A retrospective study was done on leprosy patients. The period of study was from January 2012 to December 2015. 168 leprosy

patients were analyzed. The age, sex distribution, type of leprosy, and complications were studied and results compiled.

RESULTS

A total number of 168 cases were diagnosed as leprosy. Out of 168 cases, 108 were males, 58 females and 2 were male children. The highest incidence of leprosy was seen in the age group of 21-40 years. There were 98 multibacillary (MB) cases and 70 were paucibacillary. Based on Ridley-Jopling classification, there were 100 borderline tuberculoid (BT) cases, 12 borderline lepromatous (L), 4 lepromatous leprosy, and 21 cases were tuberculoid. 8 cases of leprosy were found to have a relapse. There were 27 cases of reactions and deformity occurred in 36 cases. In our study 2 cases were found in contacts and 2 with AIDS developed leprosy (Tables 1-4).

DISCUSSION

In our study, there is a slight increase in the number of cases from 2012 to 2015. The majority of patients belonged to

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Corresponding Author: Dr. M. Revathy, Associate Professor, Department of Dermatology, Government Theni Medical College, Theni, Tamil Nadu, India. E mail- revathymithu@gmail

Table 1: Age-wise analysis

Age	Number of cases
<20	17
21-40	70
41-60	62
Above 60	19
Total	168

Table 2: Classification of leprosy cases

Type of leprosy	Number of cases
TT	21
BT	100
BB	17
BL	12
LL	04
Pure neuritis	14
Total	168

TT: Tuberculoid, BT: Borderline tuberculoid, BB: Mid borderline, BL: Borderline lepromatous, LL: Lepromatous

Table 3: Sex distribution

Gender	Number of cases
Male	108
Female	58
Male children	02
Female children	00
Total	168

Table 4: Type of leprosy

Type of leprosy	Number of cases
MB	98
PB	70
Total	168

MB: Multibacillary, PB: Paucibacillary

the age group 21-40 years. This is similar to finding reported by Jindal *et al.*¹ Percentage of children affected in our study is only 1.19%, whereas a study by Singal *et al.* reported 9.6% incidence.² Grover *et al.* reported an incidence 7.06%.³ 64.2% males and 34.5% females were affected in our study. This higher incidence in males was similar to a study by Bhattacharya and Sehgal.⁴ The percentage of MB cases was higher than paucibacillary cases in our study. This is similar to the study made by Mohite and Durgawale.⁵ The most frequent morphological type in our study was BT (59.5%) which is similar to observations made by Tiwary *et al.*⁶

CONCLUSION

Although there is a reduction in the number of leprosy cases worldwide, the number of MB cases is on the rise. This has to be curtailed. Active search by field work personnel and intense surveillance can only halt the disease.

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