Leprosy: Clinical Assessment
Suspected patient

Detailed History and clinical examination
Cutaneous, peripheral nerves, NFA, ocular examination, other systems

• Exclude Previous treatment for leprosy
• Classify leprosy
• Rule out type 1 or 2 reaction
• Grade disability
• Rule out any deformity
• Record findings
• Start MDT, ? Steroids
• Counselling & self care
• Monitor clinically for any reactions or side effects

Exclude C/I to Steroids
History

- History of cutaneous lesions – hypo-pigmented, erythematous
- Pain / tingling sensation at elbow (Ulnar nerve), at wrist (Radial cutaneous nerve/ Median nerve) at back of Knee (Common peroneal nerve) and at ankle (posterior tibial nerve)
- Inability to hold things / tend to fall / slip out of the hand
- History of unnoticed cuts/ burns
- Weakness in hands or feet,
- Lesions – dryness / shiny skin / loss of hair / loss of sweating in an area
- Inability to retain chappal (foot wear without back strap)
History

• **Chronic blockage of nose** - Due to Infiltration and crust formation, epiphora, epistaxis, blockage or crusting of nose

• **Ocular complaints** - Impairment of vision / red painful eye / onset or worsening of existing Lagophthalmos (Inability to close eye) / trichiasis

• **Hoarseness of voice**
Detailed History

Ask for:


Treatment history: Type of treatment taken, s
Name of the drugs (show BCPs)
Duration of treatment taken
Place from where treatment taken
Whether registered / unregistered
Whether treatment completed
Reason for discontinuing treatment

Any associated illness: Anaemia (needs treatment)
Jaundice (start MDT after J. subsides)
Cough (tuberculosis; continue Rifampicin)
Swelling of the feet in recent past
Other information

- Drug allergy
- Family History – Similar lesions/ on treatment or untreated
- H/o past illness / Major surgery
- Female patient : Exclude pregnancy
- Name, Age, Address with Land Marks – Caste
Examination of skin lesions
Confirmed Leprosy: Assess Clinically

• General Physical Examination –

• Detailed examination of:
  - Skin lesions
  - Reactions
  - Nerve function
  - Assess risk status
  - Eyes
  - Grade Disability

• Classify leprosy

• MDT, Counseling & Self care
Detailed examination of skin lesions

• Site: Useful for appearance of new lesions

• Number: 1-5 lesions - PB,
Six or more lesions MB

• Colour: Hypo-pigmented (lighter than the surrounding skin)
Erythematous (red)- disease activity/ reactional state
Never de-pigmented.

• Appearance: Whether scaly (eg. regressing type I reaction)

• Hair follicles on the lesion: Normal, Scanty, Small Frail or Absent

• Sensory deficit: Cardinal sign , confirms diagnosis
Dry lesion
Detailed examination of skin lesions

Tenderness on gentle tapping: Reactional state

Infiltration: Thickened, shiny and Erythematous

Papule / nodule When infiltration is coarse.

Tenderness in Nodules: Type 2 reactions. not subcutaneous

Inflammation of skin lesion: Slight erythema in active skin lesions. Swelling, redness, slight discomfort in type I reaction
Nodules
• Elicit detailed history

• General physical examination

• Cutaneous examination for presence of skin lesions

• Note the number of skin patches

• Test for sensory loss in the skin patch (hot/ cold/ pin prick)

• Palpate peripheral nerves (thickening/ tenderness/ fibrosis)

• Test for glove and stocking anesthesia (sensation in palms / soles)

• Observe for presence of any deformity
Clinical Assessment PAL

- Neurological examination
  - Test for early signs of muscle weakness
  - Check power of weak muscles
- Grade disability and record EHF score
- Assess the risk status for development of disability
- Record findings
- Decide management needs of the person
- Register the person for treatment and counsel