

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:

Presence of any deformity:

Time of onset,
Nature of progress.

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



Clinical Assessment PAL

- 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**