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Editor's Choice

This year has seen a change in editorial staff. Susan Boobis stepped down from being Assistant Editor after 8 years in the post. She had notable IT skills and under her tutelage *Leprosy Review* has transformed from an ink and paper production into an electronic process from submission to publication. This was very timely and has enabled us to keep pace with electronic changes and we now have free electronic access through the LEPRA website. Irene Allen, who has been with the journal longer than anyone else, has now stepped up into Susan's shoes. This is Irene's first issue and she has done an excellent job of marshalling and editing the papers.

We have another interesting issue. Johan Velema and Osahon Ogbeiwi have written a useful review highlighting the now good evidence that BCG vaccination gives some protection against leprosy. This was also confirmed in a meta-analysis published last year in *Lancet Infectious Diseases*. Johan and Oshan then take the public health perspective on this finding and argue that leprosy organisations should take a lead in advocating and monitoring BCG vaccination in leprosy endemic areas. Maybe more BCG vaccination is needed in Agra. Kumar *et al.* report on their follow-up house-to-house survey in Agra, India. They show that there are still significant numbers of new cases and evidence of recent transmission especially in household contacts of multi-bacillary cases. This continuing high incidence in an urban area where services are provided indicates the seriousness of the continuing leprosy problem and how long-term planning is vital.

The single dose Rifampicin, Ofloxacin, Minocycline combination is operationally very attractive and has been widely used for single-lesion leprosy. However an active follow-up sample study done in Bangladesh shows a relapse rate of 5.09/1000 person years which is much higher than the rate found in the WHO sponsored study. Whilst the rate is still very low it raises interesting management issues; what should patients who received this treatment be told, how can we best obtain further data on this question?

The clinical features of the interaction of leprosy and HIV are continuing to evolve. Talhari *et al.* report co-infection in a Brazilian who presented with leprosy as an immune reconstitution syndrome accompanied by shifting his clinical type of leprosy from a previously treated borderline lepromatous to a borderline tuberculoid.

Neural evaluation is prominent in this issue. Temperature perception has perhaps received less attention than it deserves partly because of the difficulty in standardising measurements. Now a study from Brazil (Villaroel *et al.*) shows that in skin lesions patients have impaired temperature perception with an increased warm and cold perception interval. However a second study by the same group which compares quantitative thermal testing with Semmes–Weinstein monofilament testing shows that both tests were good at detecting nerve damage with the thermal testing having higher sensitivity and specificity. This confirms that the monofilament testing remains a useful tool for screening for and monitoring nerve damage. The reliability of monofilament testing was assessed as part of the INFIR cohort study in N. India (Roberts *et al.*) in a study which looked at the consistency of evaluation by trained physiotherapists. Overall their performance was good although variable performance of median nerve function testing was detected. This highlights the need for monitoring and evaluation.

Neglect of anaesthetic limbs can end in amputation and Marcos Virmond has written a thoughtful editorial about the place of amputation in rehabilitation. He also emphasises the importance of good

prosthetic services for leprosy patients and suggests that this is something for which we should be actively campaigning. This is a need that they share with other patients and is something that will be needed for a long time.

Diana N. J. Lockwood
Editor