

Editor's Choice December 2009

This issue of *Leprosy Review* has an interesting mix of articles reflecting ongoing research areas in leprosy. The WHO figures for leprosy patients were published in August. The WHO Leprosy unit should be commended for their effort in collecting these figures because the global figures for leprosy cases are diligently collected and we have annual data. However, Etienne Declercq has analysed these figures and provided a thoughtful commentary (pp. 350–352) on the validity of the figures. He points out that there the data may be incomplete and is heavily influenced by operational activities. He also discusses the quality of diagnosis which is a theme that recurs in this issue of *Leprosy Review*. Another important omission is that of cases diagnosed by private practitioners and in some middle income settings this might be a significant number of patients. When I was in Hyderabad, India last month colleagues estimated that 30% of the leprosy patients in Hyderabad are diagnosed by private dermatologists. It would be very interesting to verify this figure because it highlights an area where interaction, training and provision of drugs for treating leprosy and reactions is needed.

Three papers in this issue deal with diagnosis of leprosy cases. In a new low endemic area of China Zhang *et al.* (pp. 416–424) have looked at delay in diagnosis and found that there was a 50 month delay in diagnosis, which could be broken down into 24 months of patents associated delay and 26 months of health care service delay. Dermatologists were again a key group in diagnosing leprosy with 50% of patients being diagnosed by dermatologists. However many patients had neurological symptoms of numbness and tingling. This reminds us that leprosy affects skin and nerves and clinicians need to be alert to symptoms in either system. In Wuhan, China (pp. 410–415) there are low, stable numbers of patients, again dermatologists were a critical group in diagnosing leprosy; however there was a high rate of misdiagnosis. In Iran (pp. 441–444) a strategy to improve early diagnosis was tried with examination of household contacts of new patients; 509 people were examined, 20 were suspected of having leprosy and three cases were confirmed. So detecting new cases remains a labour intensive activity.

We also publish a Cochrane review that has assessed the treatment for Erythema Nodosum leprosum (pp. 355–372). Although this is an important and medically important complication of leprosy there have been too few studies on treatments for ENL. All the studies that have been done have been too small and so are underpowered. Furthermore because patients are assessed using different scales it is difficult to compare studies. It is vital that large studies using agreed scales are done for so that we have better treatments for patients with this distressing condition.

The Enhanced Global Strategy for Further Reducing the Disease Burden Due to Leprosy: 2011–2015 has just been published and Vijay Pannikar highlights the key aspects of this strategy (pp. 353–354) with a focus on early diagnosis and an objective of reducing WHO grade 2 disability. This will be very challenging but is directly aimed at reducing the disability associated with leprosy. Hopefully it will stimulate people to be innovative in promoting early diagnosis and prompt treatment. Vijay has just stepped down as Head of the WHO Leprosy Unit and we would like to thank him for the leadership he has shown in that

position. He has helped to keep leprosy in the public domain, ensuring that diagnosis and treatment of leprosy and its complications remain central to leprosy activities. He has also ensured that two very important strategy documents were developed and published and these have guided leprosy policy globally.

A Happy New Year to all our readers. May 2010 be a year when you do abundant research and submit papers to *Leprosy Review*.

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Editor