USEFULNESS OF PRESENT DEFINITION OF RELAPSE IN FIELD CONDITIONS
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Introduction

Relapse in leprosy is defined as the re-occurrence of the disease at any time after the completion of a full course of treatment with WHO recommended MDT.
Diagnosis of relapse

Relapse is diagnosed by the appearance of definite new skin lesions and/or an increase in the bacterial index (BI) of two or more units at any single site compared to BI taken from the same site at the previous examination.
Objective

This study looked at the usefulness of present definition of relapse in the field in the absence of details of treatment completion and related investigations
Methods

17 skin smear positive MB patients who reported to SIHRLC during 2009 to 2012 with new skin lesions after treatment with MDT and/or Dapsone monotherapy and who underwent investigations of Slit Skin Smear, Histopathology and Mouse Foot Pad were reviewed.
Methods

These patients were divided into 4 groups.

• A: Patients treated with dapsone mono therapy elsewhere – 4
• B: Patients treated with MB MDT elsewhere - 5
• C: Patients treated with dapsone mono therapy in SIHRLC – 4
• D: Patients treated with MB MDT in SIHRLC – 4
Results – Group A

• Unable to collect details about gap between treatment completion and occurrence of new lesions
• BI = 3+ to 4+
• Histopathology = Active LL/BL
• MFP = Growth in two / No Growth in two
Results – Group B

• Gap between completion of treatment and occurrence of new lesions = 4 – 21 years
• BI = 3+ to 6+
• Histopathology showed active LL/BL
• MFP showed growth in all patients
Results – Group - C

• Gap between completion of treatment and occurrence of new lesions = 22 – 36 years
• BI = 2+ to 4+
• Histopathology showed active LL and MFP growth in 3 patients
• One showed inactive LL and no growth in MFP
Results – Group D

• Gap between completion of treatment and occurrence of new lesions = 3 - 5 years
• BI = 3+ to 5+
• Histopathology showed active LL/BL
• MFP showed growth in all patients
Observations

- In the presence of smear, biopsy and MFP it was possible to confirm clinical diagnosis of relapse.
- Patient history of treatment completion and new lesions, combined with clinical examination of the next patch still form the cornerstones of diagnosis of relapse.
- If skin smear examination could be added it would help in the diagnosis of relapse.
THANK YOU