

## LETTER TO THE EDITOR

# Be aware: 'Leprosy'! Not for nothing an NTD

Dear Editor,

World Leprosy Day is each year observed on the last Sunday of January. Established in 1954 by French philanthropist Raoul Follereau, it aims to raise awareness about leprosy (now often called Hansen's disease (HD)).

This year on World Leprosy Day many media and scientific societies took up the idea and tried to increase awareness for this disease, partly by using slides from commercial sources showing not so characteristic pictures of skin lesions open for differential diagnoses. This shows by itself that the knowledge about leprosy is rather limited in many countries of the world.

The WHO is partly to blame for the claim in 2005 that leprosy was no longer a public health problem. Which was interpreted by most that there was no leprosy anymore. In Europe, patients are still diagnosed, unfortunately often after long doctors' delays, and consequently are handicapped for life. In the medical curriculum, very little attention is being paid to leprosy, and thereafter, it is forgotten altogether and not in the differential diagnosis. Therefore, the WHO considers leprosy as a Neglected Tropical Disease (NTD).

## WHEN TO BE AWARE

Leprosy (HD) should be considered in all patients with skin lesions not responding to treatment, especially when they also have neurological deficits, and live or have lived in leprosy-endemic countries. Due to the increase in global travel and migration, doctors in low-endemic areas and in so-called 'developed countries' need to consider leprosy (HD) as a possible diagnosis.

A patient with leprosy may present with hypopigmented or erythematous macules, with nodules or plaques which are skin coloured, slightly red or even hyperpigmented in dark skin. Patients may even have no visible lesions.

The patient may complain of loss of sensation in the skin lesions or of hands or feet. He or she may have aches and pains in the face or the limbs or mention a numb, sleepy or 'dead' sensation in the affected areas, like 'ants running under the skin'.

In these patients, the differential diagnosis should include leprosy, especially in patients coming from endemic areas, as well as patients with pityriasis alba, vitiligo, autoimmune diseases, neurofibromatosis, lymphoma, diabetes and even bullous diseases.

Leprosy is in over 80% of patients easy to diagnose provided there is awareness.

## HOW TO DIAGNOSE LEPROSY

When examining the patient 2 out of 3 of the following criteria make the diagnosis certain.

1. Loss of sensation in a skin lesion.
2. An enlarged peripheral nerve.
3. Positive skin smears.

Occasionally, it is not possible to classify leprosy according to the Ridley and Jopling classification. In such cases, the lesions are clinically and histologically referred to as indeterminate; meanwhile, a further 1%–10% of the patients may also have pure neural leprosy: leprosy without skin signs.

A position statement on Leprosy diagnosis, treatment and follow-up has been published in this journal.<sup>1</sup>

## FUNDING INFORMATION

No funding sources.

## CONFLICT OF INTEREST STATEMENT

No conflict of interest.

## DATA AVAILABILITY STATEMENT

Data are available on request.

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## REFERENCE

1. Alemu Belachew W, Naafs B. Position statement: LEPROSY: diagnosis, treatment and follow-up. *J Eur Acad Dermatol Venereol*. 2019;33(7):1205–13. <https://doi.org/10.1111/jdv.15569>