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## TRYING TO SIMPLIFY THE COMPLEX

The publicity in the educational leprosy campaigns are based on the premise that the disease can be cured, suspected by non experts and the diagnosis, treatment and follow-up can be done at the public health level. On the other hand, the epidemiological data points out to a reduced prevalence rate, which implies that in some Brazilian states the disease is no longer considered a public health problem. Professionals that work in reference centers may have a different view, probably distorted, about the situation of this endemic disease, and therefore, they believe in a more general view of the official epidemiological data.

The professionals that work within the public health system, however, can not be misled by the simplified view about the disease shown on educational campaigns, and which are directed to the general population, with risk of underestimating its severity. First of all, the diagnosis is not always easy, leprosy is a complex disease. The anatomico-clinical discussions in this journal are generated from observations on patients referred to our out-patient clinic, frequently with wrong or incomplete diagnosis. The case reported in the present issue is fairly representative of this situation. The individual has presented alterations of skin sensation for years, and just now the disease became evident through a severe reactional episode. The patient moved from the ambulatory of a factory where he worked, to private physicians, hospitals, until finally, after months an infectious disease specialist diagnosed leprosy. The reactional episode was characterized by erythema multiform type lesions with tendency to necrosis and ulceration, fever, axillary and inguinal adenomegaly. Erythematous plaques were the predominant lesions suggesting a case of type 1 reaction. The other symptoms however, lead to a type 2 reaction diagnosis, confirmed by a skin biopsy. Outside reference centers there may be difficult to differentiate between these two leprosy

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reactional episodes, nevertheless, the delay in achieving the diagnosis of the disease indicates that our physicians do not include leprosy among the differential diagnosis of other dermatological, rheumatological, and peripheral or systemic neuropathic diseases. In the opinion of many professionals leprosy belongs to the past.

There is another aspect of the disease that professionals from the public health service and physicians must be aware of, but it shouldn't be publicized in the educational campaigns in order to avoid non adherence to treatment: reactions may be the first manifestations of leprosy, nonetheless, they generally occur during or after treatment. Reactions cause suffering and must be well diagnosed and treated, because they are the main cause of neurological sequels and incapacities.

It is certainly not possible to achieve the ideal efficacy to control leprosy, but we should try. The notion that leprosy is not a public health problem in some states of Brazil may minimize its importance. This notion stumbles against the large temporary or permanent migratory movement of the Brazilian population. In time, the patient from the present anatomico-clinical report came from the Northeast of Brazil to work on sugar cane plantations in the state of São Paulo where he ended up being treated.

