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TELEMEDICINE AND LEPROSY

The procedures for leprosy diagnosis in the health units aren't perfect, but they fulfill the basic requirements for indication of an efficacious therapy. Resistance and drug intolerance are rarely reported and relapses cases are scarce. However, the major problems related to treatment are type 1 and type 2 reactions, which occur frequently before, during and after the treatment. These reactions maintain the disease status, even after therapeutic cure, and they are the main causes of neurological damage and sequels. It has not been easy to identify, treat and establish prophylactic measures for neurologic sequels in reactions. We have observed that even professionals who lecture about leprosy in medical conferences can't precisely characterize reactions and consequently they aren't able to treat them properly. In this way, how can one expect that isolated general doctors working in distant communities can be able to diagnose and effectively treat these complications, taking into consideration the variety of nosological conditions they face daily? The ideal situation to deal with this common problem would be: to have reference centers giving continuous support to professionals in all areas, including in leprosy. The scarce resources from the health system and the large size of Brazil do not allow this support to become effective. Now, however, we hope that the technological evolution on informatics will fill in this gap. Telemedicine seems to operate through Telehealth and Tele-education. Telemedicine will count on professionals in the basic health units from the entire Brazil and on specialized nuclei settled at excellence centers which will intercommunicate via internet. This nuclei will be consulted by the health units mainly about diagnostic

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queries and procedures, and about therapeutic schemes. Having all the necessary information, the specialist of the nuclei will orient medical doctors of the health units. According to professor Chao Lung Wen, responsible for the Telemedicine discipline at the Medical School in São Paulo (USP), about 70% of the technical requirements to implant this system will be solved with a low cost "internet", using the dialing system, a microcomputer with CD reader and a digital camera. The same system will be used for Tele-education, i. e., continuous education for medical doctor and other professionals of the basic health units, ministered by experienced doctors from specialized nuclei. It is worth to remember that focused orientation ministered by the Telehealth system already represents health training and specialization.

This system will help to reduce the feeling of isolation and lack of support to physicians at the end point of the health units. It is necessary, however, to prepare and motivate these professional to absorb the transmitted knowledge and orientations. This will depend on improvement of the medical education in Brazil, motivation

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will arise according to each professional efforts and essentially depend on their financial gains.

Telemedicine will help to skip steps without losing the quality of the medical service, on the contrary, it will restore the quality of assistance through long distance support by capable specialists. It will also help to educate and value the isolated medical doctors.