

Negligence in the early diagnosis of leprosy in primary care: a case report

Negligência no diagnóstico precoce de hanseníase na atenção primária: um relato de caso

La negligencia en el diagnóstico precoz de la lepra en atención primaria: reporte de un caso

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ABSTRACT

Leprosy is an infectious disease, transmissible, of a chronic nature, with serious potential for disability, which persists as a public health problem in Brazil. The delay and the lack of technical knowledge to carry out the diagnosis with numerous prejudices to the patients affected by the disease, since the prevention of disabilities is directly related to the early diagnosis of the disease. To avoid diagnostic negligence and the development of physical disabilities, we highlight the importance of technical knowledge about the diagnosis and management of training by health professionals at any level of health care or special care.

Keywords: *Multibacillary Leprosy. Clinical Diagnosis. Early Diagnosis.*



RESUMO

A hanseníase é uma doença infecciosa, transmissível, de caráter crônico, com potencial grau de incapacidade, que ainda persiste como problema de saúde pública no Brasil. A demora e a falta de conhecimento técnico para realizar o diagnóstico resulta em inúmeros prejuízos aos pacientes acometidos pela doença, sendo que, a prevenção das incapacidades está relacionada diretamente com o diagnóstico precoce da doença. Com a finalidade de evitar a negligência diagnóstica e o desenvolvimento de incapacidades físicas, ressaltamos a importância do conhecimento técnico sobre o diagnóstico e o manejo da hanseníase por profissionais da saúde em qualquer nível de atenção à saúde ou especialidade.

Palavras-chave: *Hanseníase Multibacilar. Diagnóstico Clínico. Diagnóstico Precoce.*

RESUMEN

La lepra es una enfermedad infecciosa, transmisible, crónica y con potencial grado de discapacidad, que aún persiste como un problema de salud pública en Brasil. La demora y la falta de conocimiento técnico para hacer el diagnóstico, resultan en innumerables pérdidas para los pacientes afectados por la enfermedad, y la prevención de las discapacidades está directamente relacionada con el diagnóstico precoz de la enfermedad. Para evitar la negligencia en el diagnóstico y el desarrollo de discapacidades físicas, destacamos la importancia del conocimiento técnico sobre el diagnóstico y el manejo de la lepra por parte de los profesionales de la salud en cualquier nivel de atención o especialidad.

Palabras clave: *Lepra Multibacilar. Diagnóstico Clínico. Diagnóstico Precoz.*

MEDICAL HISTORY

Male, 31 years, single, unemployed, born and raised in the rural area of Timon, Maranhão, Brazil, with a history of nasal secretion and congestion for 6 months, reports having been followed up through scheduled appointments at the Primary Health Care (PHC), main complaint being defined and treated as a condition of allergic rhinitis, recommending the use of antihistamines and environmental control measures. He mentions that even after the therapeutic management instituted in primary care, there was a perpetuation of the symptoms and evolution of the clinical picture, a reason that led to the referral

of the patient to the otorhinolaryngologist. It was suggested at the time that rhinitis was the main diagnostic hypothesis.

In the specialized consultation with an otorhinolaryngologist, after performing a nasofibroscope, the conclusive report was a centered septum with inferior perforation, granulomatous and bloody infiltration in the anterior region of the septum and nasal floor. Given this, the otorhinolaryngologist referred the patient to the Dermatology service in the municipality of Timon, considering that he had leprosy and that the nasal symptoms were leprosy rhinitis.

Dermatological examination revealed infiltration and thickening of the pinna, with rosary-shaped nodules (Figure 1), and mild superciliary madarosis (Figure 2). The neurological examination showed thickening of the right ulnar nerve and bilateral posterior tibial nerve, in addition to edema and paresthesia in feet with grade 1 disability. The diagnosis of Lepromatous leprosy was suggested, since clinical presentation of the disease is typical, with no need for complementary exams for diagnosis. Therefore, multidrug therapy in the multibacillary scheme (MDT-MB) was started, as well as follow-up and notification of the case. Bacilloscopy was requested with a positive subsequent result.

Figure 1 – Thickening of pinna, with rosary nodules



Source: Elaborated by the authors

Figure 2 – Discrete superciliary madarosis nodules



Source: Elaborated by the authors

DISCUSSION

According to the 2021-2030 Global Leprosy Strategy guide "Towards zero leprosy" by the World Health Organization (WHO), one of the main challenges for eliminating the disease is the delay in early detection of cases, which is strongly related to the lack of technical knowledge of health professionals, as well as a wide range of differential diagnoses for this pathology¹. Furthermore, the unrestrained referral of patients to specialized care without genuine need also represents a challenge.

The clinical manifestation of leprosy is variable and may be single or multiple, depending on the pole in which the disease is found. The typical dermatological presentation is the occurrence of a skin lesion that presents itself with a decrease in thermal, painful, and tactile sensitivity, in that same order. The lesions can be pigmented or dyschromic, in plaques, with or without infiltration, nodular, or with the visible presence of tubercles. Neural involvement may also occur, with pain and thickening of the peripheral nerves².

The diagnosis is essentially clinical, and the doctor must know the pathology, making the early detection, prevention, and measurement of disabilities, in addition to the contact evaluation in positive cases. Complementary exams such as bacilloscopy can help in some cases, however, it is important to emphasize that it is not necessary for the diagnosis, nor the institution of multidrug therapy (MDT)³.

According to Moreira, there are topics that every general practitioner should master, among these: leprosy, tuberculosis, acquired immunodeficiency syndrome (AIDS), dengue, and meningitis, subsidizing the diagnosis with laboratory tests whenever necessary⁴. Because of this statement, it is assumed that every specialist physician is also a generalist physician, who should, as a matter of principle, know and diagnose the most important diseases that represent a public health problem at an early stage. However, in the current health context, this is not what happens, with negligence in the management of these pathologies, both in primary care and in specialized care, by professionals who do not believe they are qualified to solve certain demands.

As a result, there is an increase in the unnecessary referral of patients to dermatological care, overloading the public health system⁵. Given this context, early detection by physicians, whether generalists or specialists, is directly related to minimizing the development of a patient's disabilities, as well as being related to the disease's transmissibility, which, as a rule, is only interrupted by the onset of MDT^{2,6}.

Complications may arise before, during, or after treatment, not necessarily meaning a failure of the instituted MDT. The most common complications are related to leprosy reactions (Type I and Type II) and neural disabilities produced by the disease itself⁷.

This case is about a patient coming from PHC with typical presentations and outbreaks of Lepromatous leprosy, diagnosed through consultation with an otorhinolaryngologist, with the main complaint of chronic rhinitis. During the consultation, a nasofibroscope was performed, conclusive for leprosy rhinitis. It is believed that 95% of Lepromatous leprosy cases will present an early nasal involvement, with increased proliferation of mucus-producing cells, which explains nasal congestion⁸.

Leprosy rhinitis has well-defined stages of presentation, with hyperproduction of mucus, edema, and increased nasal vascularization being an early finding, followed by destruction and ulceration of the mucosa, with granulomatous inflammatory infiltrate and, in the last stage, tissue fibrosis⁸. Consequently, with the nasal septum destruction, the nose can become a saddle, a typical sign of Lepromatous leprosy and its characteristic leonine face^{2,8}.

Given the above, it is concluded that there are still difficulties in diagnosing leprosy, both by PHC professionals and by non-dermatologist specialists. Therefore, it is necessary to reinforce continuing education strategies, as well as to encourage early detection and leprosy treatment, which is important for preventing the installation of deficiencies and disabilities and avoiding unnecessary referral of patients.

ETHICAL APPROVAL AND INFORMED CONSENT: *the study was approved by the Research Ethics Committee (RECs) of the University Center of the Faculty of Health, Humanities and Technological Sciences of Piau  – UNINOVAFAPI, Teresina, Piau  (Legal Opinion n  5.778.354).*

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