

Atypical Presentations Do Not Always Need Atypical Regimens

Understanding of leprosy – clinical, mechanistic and causative aspects has improved over the years. Very effective regimens to treat most of cases of leprosy and complications, mainly the reactions, are available and quite efficacious. There is wide consensus on these regimens, accepted by international agencies like World Health Organization (WHO), India's National Leprosy Eradication Programme (NLEP), national programmes of several other countries as well as national and international professional bodies of dermatologists/ leprologists and others. Clinicians treating leprosy have by and large adhered to standardized and accepted multi-drug treatment (MDT) to treat leprosy as well as protocols to treat reactions (including neuritis) as well as other complications. Outcomes have been excellent by more than 98% reduction in the number of leprosy cases in countries like India, more than 90% decline in sulphone and other types of resistance since MDT was rolled out. However, it does not mean that no improvements are needed. There are many leprosy patients who do not respond well to standard MDT regimens and their treatment can be improved by adjunct immunotherapy and or addition of other available (old/new) drugs. Thus, innovations in therapeutics of leprosy are needed and are also happening. Similarly, improvements in management of reactions also continue to happen and this area is open to new thinking/ innovations. Likewise, area of surgical interventions including ulcer care also continues to develop.

Innovations need to have basis, logic and careful

research. One may begin with a case, then case series but that need to be properly thought and carefully monitored. However, it is seen that after decline in the number of cases and the national situation moving towards low endemicity, expertise is also getting reduced as we do not have many cases for training and teaching programmes of undergraduate and postgraduate training in several parts of the country. It is also seen that many a times clinicians are not able to diagnose cases of leprosy and hurriedly term these as "atypical/rare" cases whereas experts with wide experience do not find anything unusual about such presentations. Leprosy is a systemic disease. While the skin and nerves are predominantly involved, other organs are also involved and a lesion(s) in a particular organ/ form may appear dominant. Standard textbooks have description of most of such atypical presentations. While there is nothing serious about highlighting such unusual presentations yet the problems starts when some treating doctors start experimenting with other anti-leprosy drugs which are not really needed. It is a fact that current MDT regimens do take care of most of cases, some may require MDT for a longer period or may need adjunct immunotherapy or other alternate drugs to manage their poor response or resistance. For such situations also, one should rely on regimens which have been tried by many and published literature exists. New innovation can not be a whimsical decision but should be supported by basis, logic and careful evaluation. Fortunately, such whimsical experimentation is not common in leprosy. Situation is quite bad in

the management of other infections including sister disease like tuberculosis. Rampant drug resistance in pathogens (especially obligate pathogens) also shows the consequences of irrational careless or not adequately thought treatment strategies. At present situation about drug resistance in leprosy is not alarming but resistance is being reported. Exact magnitude is also not known as access to molecular diagnostics is limited so far. Mouse foot pad facilities are available only at 1-2 places where only a few suspected specimens with high bacterial load are handled. It would thus be advisable to maintain restraint – stick to established recommended regimens, try alternates in a well thought manner whenever needed. We must remember

that *Mycobacterium leprae*/ *Mycobacterium lepromatosis* have survived for thousands of years, will not perish easily by utilizing resistance/ persistence/ other unknown mechanisms if we offer such opportunity by treatment with improper regimens in a reckless manner. Innovations are needed but we should move in a conscious manner, try alternatives carefully and in a well justified manner. It is also important to present these cases to academia/ researchers and publish the results in peer-reviewed journals so that others get the opportunity to analyze such alternatives and evaluate the same for benefit of all.

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