LEPROSY CLASSIFICATION FOR USE IN CONTROL PROGRAMS

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ABSTRACT — Some classifications of Leprosy currently in use are reviewed and the difficulties of their application in field work are analysed. While it is recognized the scientific value of these classifications in order to identify precisely the clinical, bacteriological, histological and immunological aspects of the disease, an alternative simplified classification is suggested, to be used in control programmes. In this classification clinical forms that require the same public health action are put together. Thus, clinical forms are reduced to three basic groups.

The clinical and laboratory criteria which define each group are presented, as well as the correlation between this simplified classification and the classic one.

Key words: Hanseniasis. Classification. Control.

1 INTRODUCTION

The idea of suggesting a simplified classification of Leprosy was born from the difficulty in the training of general practitioners for diagnosis and treatment of Leprosy patients. The classification of Ridley and Jopling [2]. valuable for research has proved totally impractical in the field work. Otherwise, it doesn't seem to us justified a confrontation between the Ridley and Jopling and the Madrid 1 classification since they can be compared and correlated.
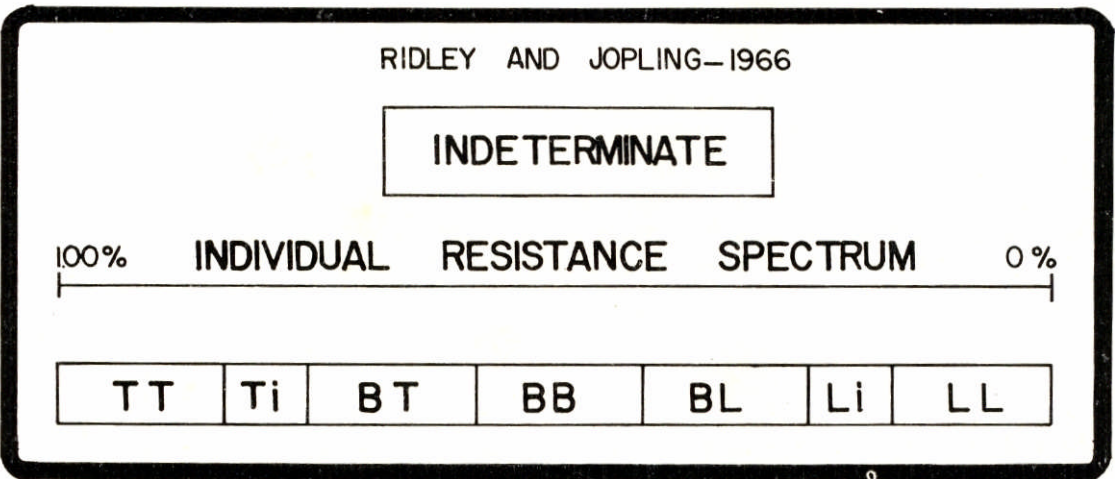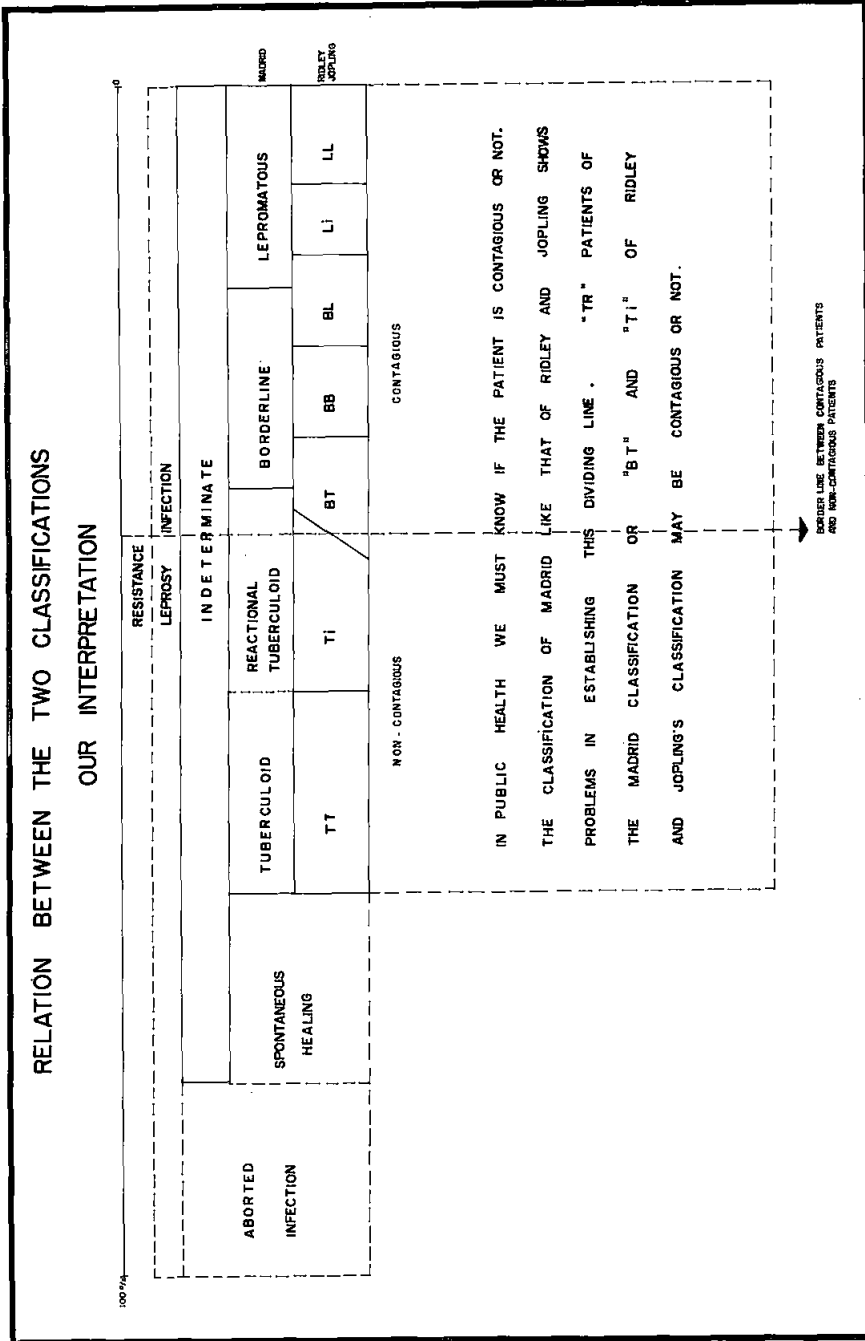
2 CURRENT CLASSIFICATIONS

In Madrid[1] , 1953, the following classification was established.
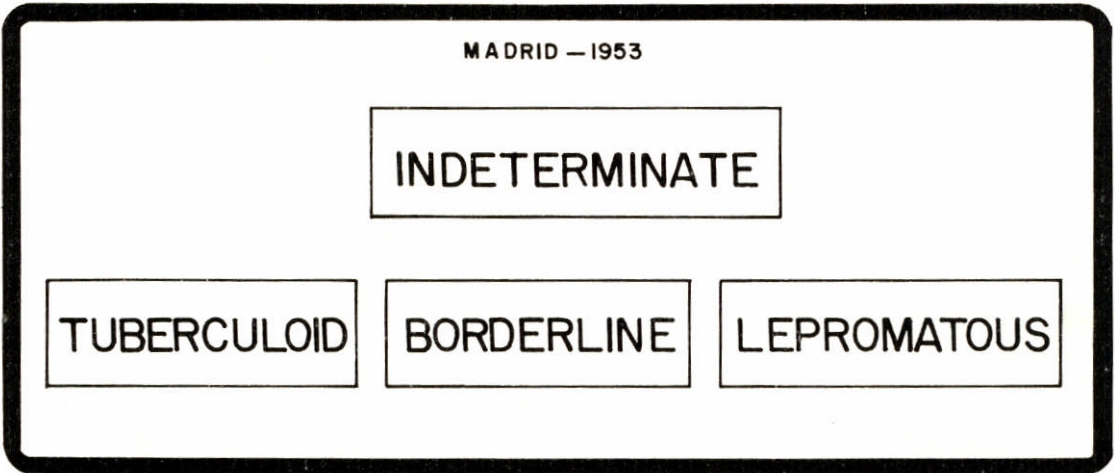
In 1966, Ridley & Jopling [2] have proposed their classification, stressing its value in Leprosy research.

# 3 RELATION BETWEEN THE TWO CLASSIFICATIONS, OUR INTERPRETATION:

We admit the existence of a spectrum of resistance with individuals placed along all the spectrum line, from 0 to 100% of resistance. About the middle of the spectrum line would pass the "frontier" line wich separates individuals whose resistance surpass the bacilii multiplying speed from those with low resistance which do not surpass the bacilii multiplying speed.

We admit also the existence of Leprosy-disease and Leprosy-infection. Leprosy-infection precedes Leprosy-disease. Individuals with a high degree of resistance abort the infection and do not develop Leprosy-disease.

4 CLASSIFICATION SUGGESTED:

We suggest the following classification, for public health work
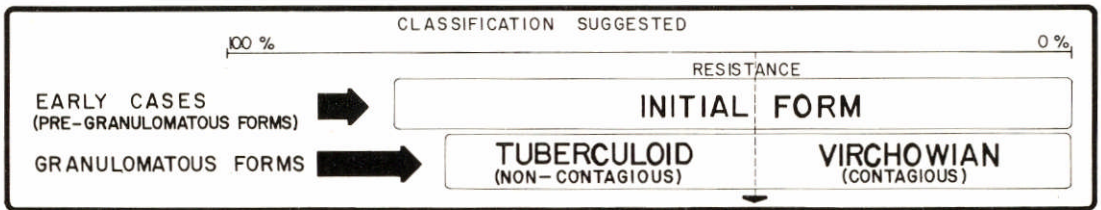
Certainly there will be patients that will have to be placed in the border line between T and V. These individuals could only be classified according to their followup, since sooner or later they will present the characteristics of one of the two polar groups.

The "frontier" cases are exception rather than rule. The percentage of frontier cases should be small and acceptable in public health work.

We think that all the individuals who have Leprosy-disease present the first stage, if not clinically, at least histologically.

Many I patients with high resistance, experience spontaneous healing. Other I patients sooner or later develop one of the granulomatous forms, according with their degree of resistance. Those whose degree of resistance surpass the bacilii multiplying speed will develop a non contagious granulomatous form. The others, placed on the other side of the border line, whose degree of resistance is lower than the bacilii multiplying speed will develop a contagious granulomatous form.

CLINICAL AND LABORATORIAL FEATURES OF THE DIFFERENT CLINICAL FORMS

RESISTANCE

100 %   ————————————   0

INITIAL

CLINICAL FEATURES : AREAS OF ALTERED SENSIBILITY WITH OR WITHOUT ONE OF THE FOLLOWING SIGNS:(HYPOPIGMENTED,
ERYTHEMATOUS AND HYPOPIGMENTED, LOSS OF HAIR, ANYDROSIS, FEW NUMBER OF LESIONS, WITH NO ELEVATION,
NO TROPHIC LESIONS, NO ABNORMAL NERVES.

BACTERIOLOGY-SMEARS STAINING WITH ZIEHL-NEELSEN : NEGATIVE.

MITSUDA : FROM POSITIVE ULCERATED TO NEGATIVE.

HISTOPATHOLOGY : DISCRETE CHRONIC INFLAMATORY INFILTRATE, WITH OR WITHOUT BACILLI, WITHOUT LIPIDS.

TUBERCULOID

CLINICAL FEATURES :   PATCHED LESIONS   ERYTHEMATOUS PATCHES

WITH RAISED AND WELL | WITH A EDEMATOUS

DEFINED EDGES | APPEARENCE

FEW NUMBER OF LESIONS

POSSIBLE THICKENING OF REGIONAL

NERVE TRUNKS AND TROPHIC LESIONS

BACTERIOLOGY-SMEARS
STAINING WITH ZIEHL-
NEELSEN: NEGATIVE

MITSUDA: POSITIVE OR POSITIVE ULCERATED

HISTOPATHOLOGY :   TUBERCULOID GRANULOMA

HARDLY IDENTIFIED BACILLI

NO GLOBI

VIRCHOWIAN

ERYTHEMATOUS PATCHES | "PUNCHED-OUT" | ERYTHEMATOUS MACULES.

WITH A EDEMATOUS   LESIONS   DIFUSE INFILTRATION,

APPEARENCE   NODULES

GREAT NUMBER OF NODULAR LESIONS

POSSIBLE THICKENING OF NERVE TRUNKS AND

FIBERS AND TROPHIC LESIONS

POSITIVE

DOUBTFUL OR NEGATIVE

GRANULOMA

BACILLI IN GLOBI

LIPIDS ARE PRESENT

Resumo — Neste trabalho, os Autores apresentam uma revisão nos tipos de classificação de hanseníase, atualmente em uso, além de uma análise das dificuldades que surgem na sua aplicação no trabalho de campo. Embora os Autores reconheçam o valor científico dessas classificações, utilizadas para identificar, de modo preciso, os aspectos clínicos, bacteriológicos, histológicos e imunológicos da hanseníase, ao mesmo tempo sugerem uma classificação mais simplificada, como alternativa, para ser aplicada em programas de controle. Nesse novo sistema, as formas clínicas, que exigem o mesmo tipo de ação sanitária pública foram classificadas juntas, sendo reduzidas, portanto, a três grupos básicos. Os Autores apresentam ainda os critérios clínicos e de laboratório assim como a correlação entre os sistemas de classificação simplificado e clássico.

Palavras chave: Hanseníase. Classificação. Controle.

REFERENCES

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