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London as a European centre for leprosy: lessons from a 20-year cohort of patients

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Background: Leprosy is a chronic granulomatous disease caused by Mycobacterium Leprae. Patients present with skin lesions, sensory and motor neuropathy. Leprosy is diagnosed clinically using the WHO criteria of skin lesions, peripheral nerve thickening and acid fast bacilli on biopsy. In 2014, there were 213,899 new cases reported worldwide. In the UK most cases are in migrants from endemic regions. We report a cohort of patients diagnosed with Leprosy in London and treated at the Hospital for Tropical Diseases over a 20 year period (1995-2015).

Material/methods: Data collected included demographics, travel history, clinical features, diagnostic investigations, occurrence of leprosy reactions and outcome at 2 years.

Results: There were 140 patients with a new diagnosis of Leprosy (66% male, median age 33 years). Patients acquired Leprosy in 36 different countries (Figure 1). 77 patients (55%) were infected in South East Asia, including patients from India (n=37), Sri Lanka (n=17) and Bangladesh (n=11)). Nigeria (n=12), Brazil (n=12) and the Philippines (n=7) were other common countries of acquisition. Six patients born in the UK acquired Leprosy; three in Africa, and three in South East Asia. All spent more than 8 years living in endemic countries.

The majority of patients had leprosy skin lesions (91%, n=127); fewer had altered sensation (44%, n=62) and motor weakness (39%, n=54). Patients were seen by dermatologists (n=82, 59%), neurologists (n=17, 12.1%), infectious disease physicians (n=11, 8%), orthopaedic surgeons (n=8, 6%) and rheumatologists (n=6, 4%) before diagnosis. Table 1 indicates the distribution of patients within the Ridley-Jopling classification, the mean Bacillary Index at diagnosis and end of treatment, and the median duration of treatment in months.

56% of patients (n=75) had a Type 1 Leprosy reaction during treatment or follow-up, 97% of whom received oral prednisolone (median duration 64 weeks). 26% (n=35) patients had Erythema Nodosum

Leprosum during treatment or follow up, 97% of whom had multibacillary leprosy. 77% of these patients received oral prednisolone (median duration 67 weeks).

Conclusions: In low-prevalence settings, it is important that doctors in many hospital specialities are aware to consider Leprosy in patients who have migrated from endemic regions. The London clinic has seen patients from more countries than anywhere else in the world. Most patients responded well to multi-drug therapy but 75% had an immunological complication, illustrating the high level of morbidity associated with leprosy.

Figure 1.

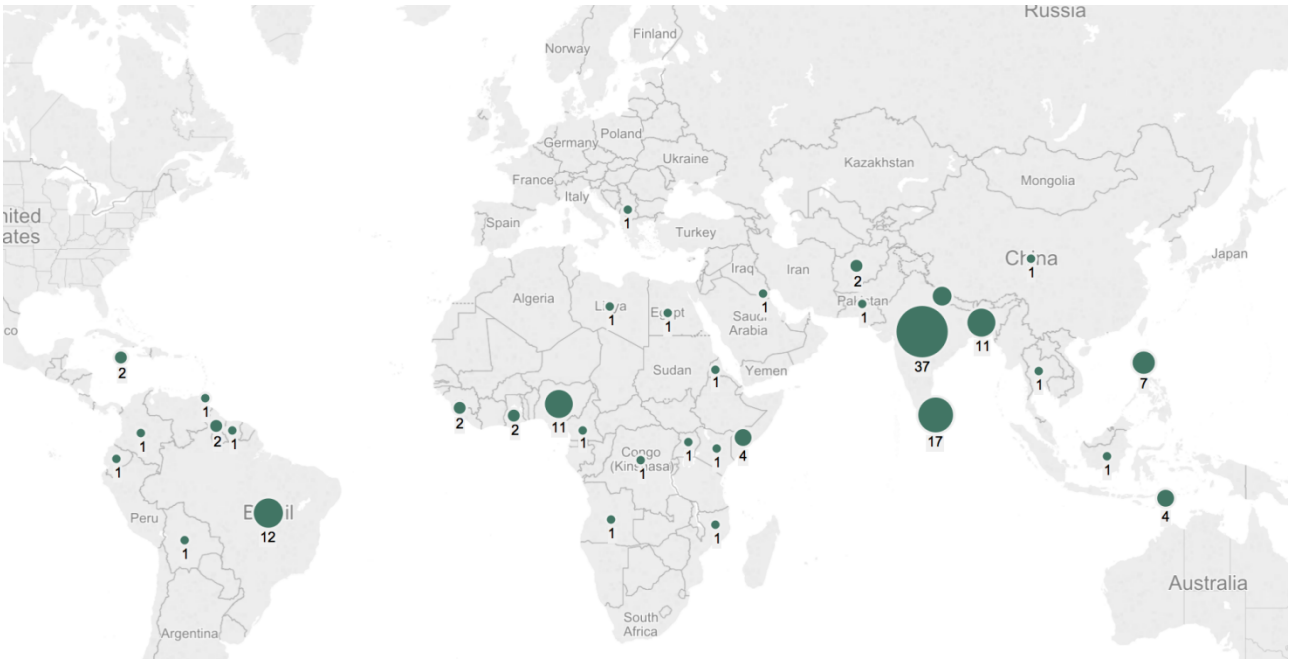

Table 1.

Ridley Jopling classification at diagnosis	N	Mean Bacillary Index at diagnosis	Mean Bacillary Index at end of treatment	Median duration of WHO Multi-Drug Therapy (months)
Lepromatous Leprosy	44	4.03 (SD 1.39)	1.35 (SD 1.42)	24
Borderline Lepromatous Leprosy	18	3.02 (SD 1.88)	0.24 (SD 0.37)	24.7
Borderline Tuberculoid Leprosy	66	0.48 (SD 1.12)	0.22 (SD 0.67)	6.89
Tuberculoid Leprosy	11	0	-	6.44