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Diagnosing leprosy at its neuritic phase

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Introduction: Leprosy is known to common people including medical practitioners as a disfiguring contagious disease. Patients suffering from leprosy usually have ulcers, in the extremities loss of fingers, nasal tips and ear lobule if not treated. They go to dermatologist or laporalogists. Pathophysiology says it is an illness which affects nervous system i.e. peripheral sensory and motor nerves. Ulceration and disfiguring are secondary to trauma and later involvement of skin. It is a very common infective illness of nervous system if taken worldwide statistics (>200,000 new case per year). It is neglected by neurologist when patients present initially with neurological symptoms, it becomes obvious when skin is affected. Hypertrophic neuropathy is a common type of initial association which can be detected when first they present with minor neurological symptoms. Ultrasonography of nerves as a routine investigation tool is neglected in most of the places which could have identified the disease. Assessment of hypertrophy or other pathologic changes by ultrasonic examination was practiced by us to detect enlargement of any kind.

Materials & Methods: We report 1200 consecutive cases, studied in patients from Nepal, India, Bhutan and Bangladesh. Patients were from neurology and dermatology clinics. High resolution Ultrasonography machine and 12 MHz linear transducer were used for the investigation. Hypoechoic nerves were subjected to aspiration cytology for detecting acid fast *bacilli*. Duration of study was from 2005 to 2018.

Results: From a total of 1200 cases, 75% had thickened nerves, 20% had doubtfully thickened nerves, 11% normal nerves, 3% cases showed nodularity and nerve abscess was seen in 2% cases; 43% had hypoechoic nerves; Aspiration cytology was done in 3323 hypoechoic nerves, of which 27% had granulomatous inflammation, 8% were AFB positive and 20% had no yield (Figures rounded).

Conclusion: It is true that all leprosy patients to start with are pure neuritic leprosy with sensory or motor symptoms. Early diagnosis is very important and obvious that doing ultrasonography of nerves is a very useful method to identify certain common group of peripheral nerves in medical practice, especially in tropical countries. Further development and practice in this regard needs to be done using high resolution ultrasonography machine and expert personnel generation. Awareness among general physician and neurophysician are very much needed for early identification of the disease.

Biography

Nihar Ranjan Haldar is 60 years old and a resident of Siliguri, Darjeeling, India. He completed his M.B.B.S from Calcutta University in 1982, MD (Medicine) in 1987 and DM (Neurology) in 1990 from PGIMER Chandigarh. He Practicing Neurology in India, Nepal, Bhutan & Bangladesh for 27 years. He presently works as a Professor in the Department of Neurology at Nobel Medical College Teaching Hospital & Research Centre, Biratnagar, Nepal. He is also Director of Tenovus Research & Diagnostic Centre and Founder Director of Mrigna Centre for Epilepsy. Nihar Ranjan Haldar engaged in patient care, neuroelectrophysiology and research work. He presented and published his work in various Conferences and Journals. He is also member of Neurology Society of India, Association of Neuroscientist of Eastern India, Indian Academy of Neurology and American Academy of Neurology.

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