

RECURRENCE OF MULTIBACILLARY LEPROSY IN AN ELDERLY PATIENT

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Abstract: Mato Grosso is an endemic region for leprosy. There are patients who, even after treating the disease, present recurrence, which can be classified as paucibacillary or multibacillary relapsing. Recurrent patients present impairment of organic functions, new lesions and/or worsening of previous lesions and do not respond to the use of usual medications. Diagnosing people with recurrence of leprosy is important because of the recurrence of this event. The present study reports the case of a patient treated in the public health sector, with relapse of leprosy, with treatment and follow-up of the case being carried out.

Keywords: Leprosy. Public health. Primary Health Care.

INTRODUCTION

Brazil ranks second in absolute number of leprosy case records, second only to India¹. In 2009, in Brazil alone, there were 1483 relapses due to leprosy². Mato Grosso is an endemic region, being among the states that recorded the highest rates of relapse cases in the country in 2006³.

The clinical criterion used by the Ministry of Health for the diagnosis of leprosy recurrence is the operational classification, when there is no possibility of a reactional state to the drugs. Relapsing paucibacillary patients are those with impaired neural function, new lesions, and/or worsening of previous lesions after discharge due to cure and who do not respond to corticosteroids for at least 90 days. Recurrent multibacillary patients are those that have the same criteria as paucibacillary ones plus the results of compatible sputum and/or histopathological exams and that do not respond to the use of corticosteroids and/or thalidomide for treatment³.

Diagnosing people with recurrence of leprosy is important due to the recurrence of this event in the state of Mato Grosso. In

addition, several factors are involved, such as lifestyle habits and socioeconomic conditions⁴.

RESULTS AND DISCUSSION

Patient O.F.S., male, 78 years old, resident of Cuiabá - MT, retired, was diagnosed in 2005 with multibacillary leprosy and was medicated with the multidrug regimen for 6 months, according to information collected.

In November 2020, he noticed, while taking a shower, the presence of a hypochromic, painless, non-pruritic lesion, with ill-defined edges, measuring approximately 1.5x1cm in the posterior region of the left forearm. Suspecting the possibility of a recurrence of the disease, she sought medical help in Primary Health Care.

During the consultation, the patient reported tearing and a productive cough. The Simplified Assessment of Neural Functions and Complications was carried out, in which the following changes were found:

1. Arch senile in right and left corneas;
2. Paresthesia and upper limb injury;
3. Thickening on palpation of the right and left ulnar nerve;
4. Pain on palpation of the left median nerve;
5. Thickening on palpation of the right and left radial nerve, slightly greater on the right side;
6. Thickening on palpation of right and left superficial surral nerve;
7. Thickening on palpation of the right and left common peroneal nerve;
8. Change in sensitivity in some plantar regions of the right and left feet.
9. Painful thermal hypoesthesia in the area of the lesion in the left upper limb.

In view of the evaluation, the patient was classified according to the OMP Score with disability grade 1 and the diagnosis of multibacillary leprosy recurrence was confirmed (more than 1 affected nerve).

Treatment with a multidrug regimen was started, written recommendations were given to the patient, and contact management was carried out.

Relapses are the main indicator of the effectiveness of a leprosy control program⁵. According to Pattyn and Grillone⁶, relapses among patients who undergo multidrug therapy for the treatment of leprosy usually occur more than five years after discharge⁶.

There are several risk factors for relapse, the most frequent for multibacillary cases being the most advanced age groups. Males are the most affected⁷. In relapsing cases, the highest percentages are found in the indeterminate and tuberculoid clinical forms in the initial treatment⁸.

Bonn and collaborators⁹ found in their study more expressive cases of relapses in male patients, with an average time between discharge and the reappearance of signs and symptoms of 7.9 years, which agrees with the report described⁹.

CONCLUSION

Identifying cases of relapse in leprosy through clinical-laboratory characteristics is of paramount importance for the adoption of effective diagnostic measures and adequate monitoring in specialized places.

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