A CASE OF BORDERLINE TUBERCULOID LEPROSY

Dr. P Abhishek
First year Post Graduate
Dept. of Community medicine
1. Name: XXX
2. Age: 15
3. Sex: male
4. Occupation: student
5. Education: High school
6. Address: Leprosy colony, Nalgonda
7. Religion: Christian
<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>SEX</th>
<th>RELATION TO HOF</th>
<th>EDUCATION</th>
<th>INCOME</th>
<th>OCCUPATION</th>
<th>HEALTH STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTHI REDDY</td>
<td>55</td>
<td>MALE</td>
<td>SELF</td>
<td>PRIMARY SCHOOL</td>
<td>1000 p.m</td>
<td>Beggar</td>
<td>TB (loss to follow up)</td>
</tr>
<tr>
<td>SHANTA</td>
<td>30</td>
<td>FEMALE</td>
<td>WIFE</td>
<td>ILLITERATE</td>
<td>1000 p.m</td>
<td>Beggar</td>
<td>--------</td>
</tr>
<tr>
<td>BALA REDDY</td>
<td>10</td>
<td>MALE</td>
<td>SON</td>
<td>PRIMARY SCHOOL</td>
<td>------</td>
<td>Student</td>
<td>--------</td>
</tr>
<tr>
<td>XXX</td>
<td>15</td>
<td>MALE</td>
<td>SON</td>
<td>SECONDARY SCHOOL</td>
<td>------</td>
<td>Student</td>
<td>leprosy</td>
</tr>
</tbody>
</table>
• Total income: Rs 2000 p.m
• Per capita income: 500 pm.
• Socio economic status is low\{class V\} (according to Modified B G Prasad Classification).
• Type of family: Nuclear.
Chief c/o: c/o single dry, light coloured, lesion over right elbow since 1 year.

H/o present illness: Patient was apparently alright 1 year back. Then he noticed a single light coloured lesion on postero lateral aspect of right elbow which is gradual in onset and progressive in nature for which he consulted a local government doctor and has been on PB-MDT since 4 months.
Contd....

• no h/o bleeding from nose.
• no h/o slippage of footwear.
• No h/o any red raised lesions and fever.

Past h/o :
• no similar c/o in past.
• not a known case of DM/ HTN/ asthma/ epilepsy/ CVA/ CKD.
Family h/o:
• Father is a known case of TB and a known case of loss to follow up.
• H/o leprosy in maternal grandmother( who resides in the same colony).

Drug h/o:
• Pt is on MDT – PB since 4 months i.e
  - Rifampicin 600mg ( monthly once)
  - Dapsone 100mg ( once daily at night)

• No h/o any drug allergies.
MDT-PB
General examination:
Patient is conscious, coherent and cooperative.
On examination,
Pallor- present
Icterus, cyanosis, clubbing, lymphadenophathy and pedal edema were absent.
**VITALS:**
BP: 110/80 mm Hg
PR: 84/min
Temp: Afebrile
RR: 18 cycles/min

**SYSTEMIC EXAMINATION:**
**CVS:** Sl, S2 +, No murmurs
**RS:** BAE +
**GIT:** P/A Soft, no organomegaly
**CNS:** NAD
PNS: All peripheral nerve trunks are neither thickened nor tender.

Sensory nervous system: Fine touch and crude touch decreased over patch. Cold sensation decreased over patch.

Motor nervous system: No weakness of muscles of the hands and feet.

Cutaneous examination: Single well defined, dry, alopecic, non indurated, non erythematous, hypopigmented skin patch of size 9x5.5 cm present on posterolateral aspect of right elbow.
Hypopigmented patch
Contd..

Provisional diagnosis:
A single well defined hypopigmented anaesthetic patch.

Clinical diagnosis:
Borderline tuberculoid leprosy
• **Vital events**: no vital events in family
• **Distance of accessibility to health services:**
  - 3km (UPHC Panagal)
  - availability --- yes
  - affordability ---- free

**ENVIRONMENTAL ASSESSMENT:**
• **Type of house**: rented
• **Semi pucca**
• **Floor**: cement
• **Roof**: asbestos
• **Walls**: bricks, cracks present, no dampness
• **Ventilation:** no proper ventilation
  - no cross ventilation
  - **windows** — 1 measuring 3x2 feet
  - doors --- 2

  **Indoor air pollution:** absent

• no separate kitchen.

• **Lighting** — not adequate.
• **Cooking practices:**
  ✓ no platform for cooking.
  ✓ fuel used is wood.
  ✓ Storage of cooked food is closed.
  ✓ Storage of uncooked food is open.

• **Washing area** – separate.
Cooking area
• Disposal of sullage – open drainage.
• Drinking water – municipality tanker.
• Domestic purposes – Bore well
• Bathing area – private
• Sanitary latrine – present.
• Solid waste – thrown outside indiscriminately.
• Vector breeding places - present
NUTRITIONAL ASSESSMENT:
Diet: mixed
Appetite: normal

24 hour recall method:

<table>
<thead>
<tr>
<th></th>
<th>Food items</th>
<th>Calories (kcal)</th>
<th>Proteins (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BREAKFAST</td>
<td>Tomato chutney+ Rice</td>
<td>16+176</td>
<td>0.2+3.4</td>
</tr>
<tr>
<td>LUNCH</td>
<td>Tomato chutney + rice</td>
<td>16+176</td>
<td>0.2+3.4</td>
</tr>
<tr>
<td>SNACKS</td>
<td>Tea + biscuits(2)</td>
<td>100+231</td>
<td>1.6+2.8</td>
</tr>
<tr>
<td>DINNER</td>
<td>Curd + Rice</td>
<td>30+176</td>
<td>1.6+3.4</td>
</tr>
<tr>
<td></td>
<td>TOTAL= 921 KCAL</td>
<td></td>
<td>TOTAL =16.6 g</td>
</tr>
</tbody>
</table>
Contd...

- Coefficient for sedentary male = 1.0
- Energy requirement for a child in 13-15 age group is 2750 kcal and RDA protein is 54.3 g/d
- So total calorie and protein deficit is 1829 kcal and 37.7 g/d.

**KAP Regarding health and disease:**

**1. Knowledge:**
- The patient is aware about the disease and about its signs and symptoms.
- But is not aware of the mode of transmission.
2. **Attitude:**
   - The patient is willing to follow the same system (Allopathic) of medicine for treatment.
   - And is willing to consult doctor at regular intervals.

3. **Practice:**
   - The patient is presently following allopathic system of medicine for treatment.
   - He is taking medicines regularly.
SOCIAL DIAGNOSIS:

This is a patient named XXX OF 15 Years residing in Leprosy colony, Nalgonda belonging to low socio economic status, living in poor housing conditions where overcrowding is present, no proper ventilation and cross ventilation are there, lighting is not adequate, there are sites for vector breeding.

He has a calorie deficit of 1829 kcal and protein deficit of 37.7 g/d.
• **Plan of management and advice:**

1. **Individual:**
   - ✔ regular usage of PB-MDT medication.
   - ✔ Good diet.
   - ✔ Self care regarding prevention of disabilities.

2. **Family**
   - ✔ Support to the patient and not treating him like an outcast.
3. **Community:**

✓ Social assistance and support.

**National programmes applicable:**

National Leprosy Eradication Programme
THANK YOU