

LEPROSY IN NEPALESE CHILDREN

(With Special Reference to Kathmandu Valley)

by

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It is generally stated that the children are more susceptible to leprosy than the adults. However before describing its picture in Nepal it may be worthwhile to note some of the observations made by the renowned leprologists.

Brown (1959) said, *leprosy can hardly be called a children's disease at the present time . . . Under natural conditions leprosy is not a children's disease. The age of onset is determined by the opportunity of infection.*"

Lara and Nolasco (1956) reported, "Spontaneous healing in a large majority of cases of early childhood leprosy is a demonstrated fact. It has been observed in about three-fourths of all cases developing among exposed **CULIAN** born children since 1932. Early leprosy in children has a marked tendency to subside spontaneously. This process of self-healing is apparently a complete and permanent one in most of them."

1. In the year 2023/2024 a survey was carried out in Kathmandu valley in the school children between six to fourteen years of age. 0.8% of leprosy cases were detected. More than 90% of the cases were of non-Lepromatous type and they were in the early stage of their illness. Fortunately no deformities were found among them in these cases.

2. Another study was carried out recently in local Khokna leprosarium where unfortunately the adult leprosy patients have been living with their family. Because both the males and females had been segregated there since 1934 AD. after the devastating earthquake. The children therefore are born there and naturally they come in closest contact with the leprosy cases. 250 children of these were thoroughly examined to detect leprosy. Only 5% of them were found to be suffering from the disease, a surprisingly low figure. This may however be explained by the statement of Lara and Nolasco mentioned earlier.

Of those 5% of cases partial healing was observed in 2 cases. Another 2 cases having completely healed scars were not included in this series.

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Children below 5 years of age did not have leprosy in this group. At least the author has not yet observed any till now.

Regarding our line of treatment in such cases

The writer does the following: the children of Khokna Leprosorium are given prophylactic dose of D.D.S. since 5 years of age. The writer is of opinion that this line of treatment controls the disease very significantly and also prevents frank cases. At least the children in the said leprosorium are definitely very well controlled with this regime. Furthermore no cases of reactions were observed contrary to the few cases in the outpatient department. **MODE OF ADMINISTRATION** - - upto 5 years of age D.D.S. is given 5 mgm weekly mixed with milk. Children from 6 to 14 years of age are given 10 mgm. weekly.

Clinical improvement can be observed within 3 to 6 months after treatment. Particular attention however should be paid to those children who are undergoing some physiological changes such as puberty or menstruation, and also during intercurrent infections or complicating diseases. For, this is the time when these cases either change to **borderline type of leprosy** or show violent reactions. For example, in our Central Leprosy Clinic, a 13-year-old boy with tuberculoid type of leprosy improving fairly well with the treatment suddenly developed reaction. He came to the clinic with 3-days of fever with paralysis of all four limbs. He was however saved after hospitalisation. Another 9 year old school boy changed into borderline leprosy and later into lepromatous leprosy.

To conclude

In near future when the survey work will be completed in all the zones of Nepal the writer hopes to present a complete picture of the country. However the few observations made here will give some idea about leprosy in Nepalese children of Kathmandu valley.