

LETTER TO THE EDITOR

Pure Neural Leprosy: a diagnostic conundrum?

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Sir,

We do appreciate the feedback from Narang *et al.* on our study about Pure Neural Leprosy. The authors acknowledge the occurrence, but often missed diagnosis, of Neural Leprosy—the presence of enlarged (tender) nerves with or without clinical nerve function impairment (sensory and muscle strength testing), but absent skin lesions and negative skin smears. In our proposed definition we allow for the presence of possible nerve function impairments.

The presence of enlarged nerves, as only one of three cardinal signs, is a “soft” pointer to the possibility of leprosy, and may require longer observation, without stating a diagnosis, especially when there are no possibilities for additional testing such as ultrasound or fine needle aspiration cytology. Enlarged nerves only are *not sufficient* for a diagnosis and could be attributed to other diseases.

Nerve enlargement is indeed not a very reliable sign, but palpation of nerves was in our cohorts done by very experienced senior field staff, including medical officers working primarily with leprosy affected people. Moreover, if enlargement/tenderness is found asymmetrically then the “soft” sign will become more significant in a leprosy endemic area. In our cohort of subclinical leprosy, 14/28 patients had at least one pair of nerves in which one was found enlarged.

Although patients enrolled in the sub-clinical study were enrolled based on the presence of enlarged nerves only, additional testing was performed to confirm the presence of nerve conduction impairments, as explained in the methods section.

We feel that the diagnosis of PNL with clinical nerve function impairment can be made confidently but that this diagnosis should be guarded, especially when no clinical nerve function impairment is found. The diagnosis of PNL can be given, giving due consideration to possible social consequences and availability of additional testing possibilities.

The diagnosis of PNL should not be made lightly. When in leprosy endemic countries suspected patients present with an enlarged nerve or multiple enlarged nerves only, and there are no other cardinal signs, and no other assessments such as needle aspiration cytology and ultrasound are possible, then the health worker should adopt a “wait and see” policy and review after 3–6 months. This could well have been the policy in two of the four centers in which no patients with PNL were diagnosed.

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