

It scares me the poor quality of the articles recently published about Hansen's disease in the Annals.

I know this is due to the very poor quality of laboratory tests performed today by general or clinical pathology.

Almost no one knows what Faraco-Fite is. And that is why patients are still classified according to the number of lesions, which is an aberration.

Previously acquired knowledge should not be neglected.

I suggest the editors send the articles to experienced and impartial reviewers for each subject, so that the real quality and relevance of what is intended to be published be evaluated.

Regards

Jaison Barreto¹

¹ Division of Dermatology, Instituto Lauro de Souza Lima, São Paulo (SP), Brasil.

MAILING ADDRESS:

Jaison Barreto

E-mail: jaisonbarreto@gmail.com



REFERENCES

1. Cruz RCS, Bühner-Sékula S, Penna MLF, Penna GO, Talhari S. Leprosy: current situation, clinical and laboratory aspects, treatment history and perspective of the uniform multidrug therapy for all patients. *An Bras Dermatol.* 2017;92(6):761-73.

Correspondence from Dr. Laila de Laguiche

DOI: <http://dx.doi.org/10.1590/abd1806-4841.201893403>

Dear Editor

I was surprised to read the notice in our Annals 2017 number 92(6).¹

SBD's opinion sharing on time reduction and uniformization of the polychemotherapeutic treatment for Hansen's disease in our country sounds to me somewhat hasty and not representative of the international scientific medical class.

I am a scholar on the subject and closely follow WHO's and PAHO's guidelines.

The new guidelines are: early diagnosis, epidemiological control of hotspots, reduction of the degree of disability and elimination of stigma. Changing or reducing the chemotherapeutic scheme is not considered. Rapid tests and post-exposure treatments

for family members and contacts are being studied. Maybe some hope?

Those who, like me, work with Hansen's disease know that a multibacillary does not become sterilized in 6 months and on many occasions, not even in 12 months... these are the scientific evidences from our daily dermatology practice.

This is a scientific conflict and we should always take precedence for the excellence of truth and replicability of clinical studies for new destinations in science.

The deficits in the clinical training of non-dermatologist colleagues and health professionals in general make the classification and adequate approach of these patients difficult. But we should not be guided by the simplest or shortest treatment, running the risk of harming our patient with catastrophic consequences and causing them sequelae to life. *Primum non nocere.*

Medical treatment is still free worldwide. This treatment already shows drug resistance in up to 16% of patients. Recurrences and treatment failures are frequent in the 6 national reference centers. Clinical studies of alternative pharmacological treatments could also be of help to this disease.

So, how do we implement a treatment based on the same drugs, with a shorter time, in view of this picture of bacterial resistance of a disease that currently displays an epidemiological resurgence in a third of the national territory?

I believe in the ability and training of our scientists and hope that relevant scientific studies will still be described to substantiate this important decision in national public health".

Laila de Laguiche¹

¹ Private clinic, Curitiba (PR), Brasil.

MAILING ADDRESS:

Laila de Laguiche

E-mail: laila.de.laguiche@gmail.com



REFERENCES

1. Cruz RCS, Bühner-Sékula S, Penna MLF, Penna GO, Talhari S. Leprosy: current situation, clinical and laboratory aspects, treatment history and perspective of the uniform multidrug therapy for all patients. *An Bras Dermatol.* 2017;92(6):761-73.