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Authors Reply

Authors' response to "De novo histoid leprosy—further points to be discussed"

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Dear Editor:

We thank Dr. Pugazhenthan and colleagues for their interest in our recently published article **"De novo histoid leprosy in a Colombian patient with multiple skin nodules on the ears and extremities"** http://dx.doi.org/10.1590/0037-8682-0502-2016[1], which describes an unusual case of histoid leprosy in an adult male from Cali, Colombia, who did not exhibit previous clinical signs or treatment of the disease. While we appreciate and agree with their observations, we would like to provide some information about the management and diagnosis of leprosy in general and specifically in Colombia.

The diagnosis of histoid leprosy is challenging because of the clinical variations in the disease. Histoid leprosy may even go unnoticed by experts, thereby requiring a high clinical suspicion, especially in patients without apparent health concerns. A complete physical examination for epistaxis, skin nodules and thickening of nerves; histopathological examination of skin biopsy specimens from papules, nodules, plaques or tumor-like lesions; and skin smear examination (bacilloscopy) of the earlobes, nose, and elbows are all critical for early and accurate diagnosis of histoid leprosy[1,2].

Histoid leprosy can occur as a relapsing or recurrent disease on lepromatous leprosy and other forms of multibacillary leprosy, even when there is no history of inadequate or irregular therapy[3,4]. Although irregular treatment and inadequate dapsone monotherapy are arguably the most common scenarios, cases of histoid leprosy have also been reported in patients treated with adequate doses of multibacillary-multidrug therapy (dapsone, clofazimine, rifampin)[5] as well as in *de novo* (untreated) patients[1,3,6], as reported in our article. Patients with lepromatous leprosy who have received adequate treatment may develop leprosy as early as within 5 years following the cure, but also up to 20 years later[7], prompting strict monitoring and epidemiological surveillance. Therefore, in Colombia, we recommend biannual follow-up of paucibacillary patients for 5 years and that of multibacillary patients for 10 years. Concerning leprosy patients' cohabitants, those with suspected disease are subjected to clinical assessment and laboratory diagnostic testing.

Finally, histoid leprosy poses a threat to campaigns aiming to eliminate leprosy because of the delay in diagnosis, frequent high bacillary index of infected patients, data inaccuracies, obstacles during follow-up of patients and their household contacts, and the potential for emerging resistance in *Mycobacterium leprae* to the treatment. Consequently, the Colombian Ministry of Health and Social Protection has established the healthcare route (*Ruta Integral de Atención en Salud* in Spanish) for leprosy management and the "National Strategic Plan for Prevention and Control of Hansen Disease 2016–2025"[8] in line with the "2016–2020 Global Leprosy Strategy"[9], which has the target of achieving <1 newly diagnosed leprosy patient with visible deformities per million people and no child cases diagnosed with leprosy and visible deformities.

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