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Nerve surgery in leprosy: a new level

Cirurgia de nervo na hanseníase: um novo patamar

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europathy is an essential and almost always present manifestation of leprosy. Unfortunately, this disease is still a public health problem in Brazil¹, and it still seems that we have a long way to succeed in its control. Leprosy neuropathy has long been recognized as an important cause of peripheral nerve impairment, which causes the most feared consequences of this disease.

The most effective measures to avoid nerve damage are i) avoid transmission, and ii) early diagnosis and early treatment. Multi drug therapy is the standard treatment protocol, and its adoption has proved very effective to treat this disease. Even though, neuritis continues to be a frequent cause of nerve damage that can appear even in treated patients.

There is no question that steroid therapy, and even the use of other immunosuppressors, are effective in order to avoid the neuritis consequences (5), but the role of surgical decompression is still a matter of discussion.

In this paper, Tiago et al.², evaluated the effects of peripheral neural surgical decompression (PNSD) in 90 leprosy patients using the following criteria: presence of nerve abscess, persistent neuritis after 4 weeks of treatment, reentrant neuritis and tibial neuritis. Decompression was performed on the most affected limb always in a combined manner: median and ulnar nerves when operating on the upper limbs, and when operating on the lower limbs the fibular and the tibial nerves. They have found significant differences when comparing a patient's condition before and after surgery, including patient's perception, pain assessment, prednisone dosage and neurological assessment.

I think this study has definitely shown that surgery has an effective role in the treatment of leprosy neuropathy. However, as stated in the paper by the authors, there is still much work to be done in order to find a precise indication for this treatment option. Is it really necessary to accomplish combined intervention? Is surgery better than steroids or other imunossupressors? Is surgery better than pulsed intravenous therapy with steroids? Are there other disease markers (electrophysiological or image parameters) that could help choosing the best option?

Stimulated by this beautiful paper, leprosy researchers now have new challenges in order to find the best options to better help leprosy patients.

REFERENCES

- Ministério da Saúde [Internet]. Boletim epidemiológico: hanseníase. Brasília: Secretaria de Vigilância em Saúde; [cited 2021 August 19] 2020. Available from: https://portalarquivos2. saude.gov.br/images/pdf/2020/janeiro/31/ Boletim-hanseniase-2020-web.pdf
- Tiago LMP, Barbosa MFF, Santos DF, et al. Late follow-up of peripheral neural decompression in leprosy: functional and clinical outcomes. Arq Neuropsiquiatri. 2021;79(8):716-23. https://doi. org/10.1590/0004-282X-ANP-2020-0032