INTRODUCTION
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"Leprosy is most thrilling and exciting adventure on which any medical man can embark." (Cochrane, 1956).

Leprosy is a disease of antiquity, occurs throughout the world. It manifests itself in the form of a clinical, histological, bacteriological and immunological spectrum (Ridley and Jopling, 1966). The different manifestations of the disease may occur as a result of variations in the host (Turk, 1975) and not because of the variations in the virulence of different strains of Mycobacterium leprae, the causative organism (Rosen, 1969).

As many as 4 million i.e. almost one third of estimated leprosy patients in the world, live in India. Of these about 75% patients are in the states of Andhra Pradesh, Tamilnadu, Karnataka, Maharashtra, West Bengal and Orissa. Our state Uttar Pradesh has an estimated number of 5 lacs patients mainly distributed in Eastern and Bundelkhand regions. In the later the estimated prevalence rate is 5.25 per 1000 population (Nigan et al, 1975). Thus Bundelkhand is an endemic area for leprosy.

Leprosy is not merely an infective disease but is a disastrous ghost. It affects many parts of the body mostly skin, nervous system, reticulo-endothelial
system, eye, nose etc. It progresses slowly destroying the nerves, resulting in deformities, mutilation and debility including blindness, leading to complete holocaust.

Observing this pitiable condition of a large majority of leprosy patients and blind persons and realizing their effect on society, our Honourable Prime Minister Mrs. Indira Gandhi, has included leprosy and blindness control in her 'Revised Twenty Points Programme' in preference to other diseases prevalent in India.

Association of leprosy to the blindness has been known since long, yet authentic references of eye involvement are not available in ancient literature. However, Bull and Hansen (1873) are the pioneers to note the eye lesions in detail caused by leprosy. They described eye involvement in leprosy as very common. They noted that leprosy mainly affects outer parts of eye like cornea and iris and rarely interior of eye i.e., fundus. Punctate keratitis and chronic exudative iritis were very common in their experience. Great frequency of lid and eyelid involvement was noticed by Lopez (1991). Endogenous infection of uvea was suggested by Jannasino and Kowak (1996). Later on various workers described histopathological, biochemical and clinical changes in eye, caused by leprosy,
The ocular lesions in leprosy may result indirectly from paralysis of the V or VII cranial nerve, or directly because of invasion by the M. leprae (Carrica et al., 1979).

The former is more often seen in tuberculoïd form of the disease and the latter in lepromatous form. A mixed picture is seen in borderline type of leprosy.

The incidence of involvement of the eye in leprosy has been reported in wide ranges by various authors (Ibid). This frequency varies according to the type and duration of disease. Indian studies also show variations from 11.3 percent ocular lesion in leprosy (Asharya 1978) up to 84 percent (Raddy et al., 1981); (Saxena and Dwivedi, 1971). These studies do not reflect a true prevalence of ocular lesions of leprosy in India. Our vast country has wide regional and racial differences.

An analysis of ocular complications, from available data, shows that the disease almost exclusively affects the anterior segment of the eye. This implies that many of these complications are amenable to therapy and probably preventable. This has been well shown by the work done at Carville and many other centres, particularly in reference to lid problems because of trigeminal or facial nerve paralysis. There remains, however, the major problem
of chronic iritis which seems to develop early & silently in many lepromatous patients and continues relentlessly inspite of conventional therapy. Whateoever may be the type of eye involvement in leprosy, if it is allowed to progress, it may result in loss of vision. Blindness in an individual who has normal skin sensitivity is enough of a handicap, but in the one who has lost that faculty, it is disastrous. Few have the resources, material, mental or spiritual to live with it.

This study was undertaken for assessment of the prevalence of various ocular lesions among leprosy patients in Jhansi and surrounding districts, their relationship with the duration and the type of disease and to find out preventable value of regular and controlled treatment of leprosy on the eye involvement.