**Opinion Article** 

## Leprosy: An Old Disease with Modern Challenges

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## DESCRIPTION

Leprosy, also known as Hansen's disease, is a chronic infectious disease that affects the skin, nerves, and mucous membranes. Leprosy is caused by the bacterium *Mycobacterium leprae*, which was first identified by the Norwegian physician Gerhard Armauer Hansen in 1873. Despite being one of the oldest recorded diseases in human history, leprosy remains a significant public health issue in many parts of the world today.

Symptoms of leprosy can vary widely depending on the type of leprosy and the stage of the disease. There are two main types of leprosy: Tuberculoid and lepromatous. Tuberculoid leprosy is characterized by skin lesions that are dry, pale, and numb. In contrast, lepromatous leprosy is characterized by more extensive skin lesions that are reddish-brown and raised [1, 2]. In both types of leprosy, nerve damage can occur, leading to loss of sensation and muscle weakness.

Leprosy is transmitted through respiratory droplets when an infected person coughs or sneezes. It is not highly contagious, and the majority of people who come into contact with the bacteria do not develop the disease [3]. Leprosy is most common in tropical and subtropical regions, particularly in countries such as Brazil, India, and Indonesia.

Diagnosis of leprosy is based on clinical symptoms and laboratory testing. A skin biopsy can be taken to confirm the presence of the bacteria, and nerve function tests can be performed to assess the extent of nerve damage [4].

Treatment for leprosy typically involves a combination of antibiotics. The most commonly used antibiotics are dapsone, rifampicin, and clofazimine. Treatment can last for several months to a year, depending on the severity of the disease [5].

Despite effective treatment options, stigma and discrimination towards those with leprosy persist in many parts of the world. This stigma has historical roots, as leprosy has been associated with moral and religious impurity in many cultures [6]. As a result, people with leprosy have often been isolated from society and treated as outcasts.

In recent years, efforts have been made to combat the stigma of leprosy. The World Health Organization (WHO) has launched a global campaign called "Zero Leprosy" with the goal of eliminating the disease as a public health problem by 2035. The campaign aims to increase awareness of the disease and reduce stigma towards those with leprosy [7].

The social and economic impact of leprosy can be significant, particularly in low-income countries. People with leprosy may experience disability and reduced productivity, leading to loss of income and decreased quality of life [8]. In addition, the cost of treating leprosy can be a burden on health systems and families.

Prevention of leprosy involves early detection and treatment of cases, as well as contact tracing and monitoring of close contacts. Vaccines for leprosy are currently under development, and clinical trials have shown promising results [9]. The Bacillus Calmette-Guerin (BCG) vaccine, which is currently used to prevent tuberculosis, has also been shown to have a protective effect against leprosy.

In conclusion, leprosy is a chronic infectious disease that remains a public health issue in many parts of the world. Despite effective treatment options, stigma and discrimination towards those with leprosy persist, and the social and economic impact of the disease can be significant [10]. Efforts to combat the stigma of leprosy and increase awareness of the disease are important steps towards achieving the goal of eliminating leprosy as a public health problem.

## REFERENCES

- Goulart IM, Cardoso AM, Santos MS, Gonçalves MA, Pereira JE, Goulart LR. Detection of Mycobacterium leprae DNA in skin lesions of leprosy patients by PCR may be affected by amplicon size. Arch Dermatol Res. 2007;299:267-271.
- Bakker MI, Hatta M, Kwenang A, Faber WR, van Beers SM. Population survey to determine risk factors for Mycobacterium leprae transmission and infection. Int J Epidemiol. 2004;33(6):1329-1336.

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- Baumgart KW, Britton WJ, Mullins RJ, Basten A, Barnetson RS. Subclinical infection with Mycobacterium leprae a problem for leprosy control strategies. Trans R Soc Trop Med Hyg. 1993;87(4):412-415.
- Cambaup E, Sougakoff W, Besson M, Truffot-Pernot C, Grosset J, Jarlier V. Selection of a gyrA mutant of Mycobacterium tuberculosis resistant to fluoroquinolones during treatment with ofloxacin. J Infect Dis. 1994;170(2):479-483.
- 5. Watanabe T, Lin H. Posttranscriptional regulation of gene expression by Piwi proteins and piRNAs. Mol cell. 2014;56(1):18-27.
- Wang Y, Gable T, Ma MZ, Clark D, Zhao J. A piRNA-like small RNA induces chemoresistance to cisplatin-based therapy by inhibiting apoptosis in lung squamous cell carcinoma. Mol Ther Nucleic Acids. 2017;6:269-278.
- Davra V, Kimani SG, Calianese D, Birge RB. Ligand activation of TAM family receptors-implications for tumor biology and therapeutic response. Cancers. 2016;8(12):107.
- 8. Kahawita IP, Lockwood DN. Towards understanding the pathology of erythema nodosum leprosum. Trans R Soc Trop Med Hyg. 2008;102(4):329-337.
- Walker SL, Waters MF, Lockwood DN. The role of thalidomide in the management of erythema nodosum leprosum. Lepr Rev. 2007;78(3):197-215.
- Pocaterra L, Jain S, Reddy R, Muzaffarullah S. Clinical course of erythema nodosum leprosum: an 11-year cohort study in Hyderabad, India. Am J Trop Med Hyg. 2006;74(5):868-879.