



CLINICAL PROFILES AND PATTERNS OF CHILDREN WITH LEPROSY FROM A TERTIARY HOSPITAL IN THE PHILIPPINES: A 10-YEAR RETROSPECTIVE STUDY

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BACKGROUND

Leprosy is a chronic bacterial infection with affinity for the **skin and peripheral nerves**. Despite global efforts, leprosy remains prevalent in some countries. **Children** represent one of the most vulnerable groups due to their immature immune systems and close contact with infected family members.



Figure 1. Multiple indurated papules and plaques seen in childhood lepromatous leprosy

METHODOLOGY

The study determined the **incidence and clinico-demographic profile of children with leprosy** confirmed by slit-skin smear and/or histopathological studies from **2014 to 2023** at the Department of Dermatology, Jose R. Reyes Memorial Medical Center. This research was a descriptive cross-sectional study. Demographic information, clinical presentation, laboratory findings, diagnosis and treatment, and follow-up outcomes were collected.

RESULTS

Seventy-nine pediatric patients were included. Majority of the cases were from **2014-2019**, predominantly **adolescent aged 11-18 years** (75.9%), mostly **males** (60.8%), presented with **multibacillary disease** (79.7%), had **more than five skin lesions** (73.4%), and **ulnar nerve affection** (6.32%). Median duration of disease until consultation was **1 year**. Final diagnosis was mostly **lepromatous leprosy** (38%). Slit-skin smears were positive (75.9%), with a mean bacteriological index (BI) of **3.13**. Lepra reactions occurred (34.2%). Despite high bacillary loads, only some had documented disabilities (20.3%). **Treatment was completed in more than half of patients** (59.5%), while some required **treatment extension** (13.9%) and had **relapse** (1.3%).

CONCLUSION

Leprosy among children remains a **significant public health concern**. The predominance of multibacillary forms, high BI, and delayed diagnosis in children suggest **ongoing community transmission**. The results highlight the significance of early detection, improved contact tracing, bacteriological monitoring, and adherence support to lessen disability and stop transmission in endemic areas.

REFERENCES

Bhat RM, Prakash C. Leprosy: an overview of pathophysiology. Interdiscip Perspect Infect Dis. 2012;2012:181089. doi:10.1155/2012/181089. PMID: 22988457; PMCID: PMC3440852.
Jha R, Marahatta S. Profiles of Pediatric Leprosy: A Report from a University Hospital of Nepal in the Post-Elimination Era. Am J Trop Med Hyg. 2021 Jan;104(1):219-222. doi: 10.4269/ajtmh.20-1135. PMID: 33146113; PMCID: PMC7790100.
Reza NR, Kusumaputro BH, Alinda MD, Listiawan MY, Thio HB, Prakoeswa CRS. Pediatric Leprosy Profile in the Postelimination Era: A Study from Surabaya, Indonesia. Am J Trop Med Hyg. 2022 Jan 10;106(3):775-778. doi: 10.4269/ajtmh.21-0458. PMID: 35008042; PMCID: PMC8922520.

