



## 8 History Taking and Methods of Clinical and Nerve Examination

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The clinical presentation of leprosy is variable and the clinician should be conversant with the various patterns of the disease and the related terminologies. Rarely the initial presentation may be misleading relating to predominant systemic features, leading the patient to other specialities. Early diagnosis of leprosy is crucial because late recognition may leave the patient with some sequelae of the disease.

### HISTORY TAKING

Apart from the host and agent, geographic, socio-cultural, and economic factors also play a role in the outcome of the disease and its complications. Hence, history taking in a case of leprosy should address all these aspects.

History should be taken according to the following steps, mostly like any other medical condition:

- Personal identification and demographic data
- Presenting complaints
- History of present illness
- Past history
- Family history
- Personal history

#### Personal Identification and Demographic Data

Name, age, gender, and detailed address of the patients should be enquired about. Addressing the patients by name helps in gaining their confidence and building good rapport.

Leprosy commonly affects adults but children are more susceptible. The disease affects both the genders, but the sociocultural impact of the disease is more in women. It may be the reason for marriage being deferred in young women and men. Women are at higher risk of development of reactions, especially during pregnancy and following childbirth. Disease is more severe in men, as also are the deformities.

Residential address is necessary for drug distribution, contact tracing, and surveillance. In non-endemic states or countries, specific enquiry should be made to know whether the patient originally belongs to that region or had migrated or traveled from a state or country endemic for leprosy, for occupational or some other reasons. Low socioeconomic status, poor housing, overcrowding, and rural inhabitation are associated with increased incidence of leprosy. Some occupations make a patient more prone to have injury to anesthetic limbs and developing deformities. As long-term treatment is necessary for the disease, unemployment may force an affected person to drop out from treatment schedule.

#### Presenting Complaints

Various clinical manifestations, with which a patient of leprosy may present for the first time, have been presented in Table 8.1.

#### History of Present Illness

Following points should be enquired to get clear about the disease.

#### Onset and Duration

Usually lesions of leprosy are of long duration. When located over covered and inaccessible body parts, it may be unknown to the patient and noticed recently. Hypopigmented patches present since birth are unlikely to be due to leprosy. Sudden appearance of skin lesions and nerve function impairment (NFI) in a case of leprosy indicates lepra reactions.

#### Progression and Evolution

The hypopigmented patches and NFI in a case of leprosy usually undergo a gradual, progressive course, unless the patient is in reaction. In a patient on treatment or who has been released from treatment (RFT), increase in the size of lesion and/or appearance of new lesions indicates inadequate treatment or relapse of the disease.