

## ESTIMATED BURDEN OF EYE DISEASE IN LEPROSY PATIENTS LIVING IN LEPROSY VILLAGES/COLONIES IN AFRICA

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## Leprosy villages

- Most started around "leprosy hospitals" where people came from distant places to receive treatment for their disease or
- Communities that were located away from city centres as a result of social discrimination.
- These patients found it convenient to live together and share experiences

## People in "leprosy villages/colonies"

- Most have long standing disease (>10 yrs) and have completed anti-leprosy treatment
- Since they have completed treatment (RFT), they are no longer under the care of leprosy control programmes
- Many are elderly; life expectancy longer than before probably as a result of MDT and other factors
- They are expected to share health facilities with the general populace despite perceived or real discrimination and lack of social support

## Eye diseases

### Leprosy related

- Mainly affecting the anterior segment
- Sight threatening complications are of greatest concern

### Non-leprosy related

- Other blinding eye diseases found in general population (cataract, AMD, glaucoma)
- In endemic communities, trachoma, onchocerciasis etc. are added problems

## Eye lesions in residents of leprosy villages, Nigeria (47.5% of eyes)

Lesion	No. of eyes	Prevalence
Lens opacity (cataract)	321	33.4
Corneal opacity	149	15.5
Lagophthalmos <6mm	94	9.8
Lagophthalmos >6mm	27	2.8
Entropion/trichiasis	89	9.3
Refractive error	50	5.2
Retinal pathology	34	3.5
Uveitis	21	2.2
	785 in 456 eyes	

## Visual status

Visual acuity	Number	%
Normal (6/18 or better)	325	67.7
Visual impairment (<6/18-6/60)	69	14.4
Severe visual impairment (<6/60-3/60)	36	7.5
Blind (<3/60)	50	10.4

## Causes of visual impairment and blindness

Cause	Visual impairment		Blindness	
	# ( % )	Proportion of all visual impairment	# ( % )	Proportion of all blind
Cataract	80 (17)	52	23 (5)	46
Corneal opacity (NT)	26 (5)	17	14 (3)	28
Corneal opacity (T)	13 (3)	8	6 (1)	8
Aphakia	20 (4)	13	3 (0.6)	6
Glaucoma	9 (2)	6	3 (0.6)	6
Others	7 (2)	5	1 (0.2)	2
Total	155 (32)		50 (10)	

## Summary of findings

- There is a wide spectrum of ocular complications
- In newly diagnosed leprosy populations approximately 10% have sight threatening complications but it is one-third in patients living in leprosy villages with lagophthalmos being the most common
- In general leprosy populations, 4 - 7% are blind (<6/60) but in leprosy villages, 18% are blind with cataract and corneal opacity being the most common causes

## Summary of findings

- Sight threatening complications continue after “bacteriological cure”
- In most places there is no deliberate follow-up after “release from treatment” or non-existent “care after cure” activities
- Weak eye care infrastructure in many areas where leprosy is common in Africa
- Significant barriers against PALs and lack of social support to persons living in villages

## Conclusion & recommendations

- Decreasing stigma requires decreasing disability due to leprosy (lagophthalmos is stigmatizing)
- Up to 20% of patients are blind; most blindness is preventable or curable.
- Persons living in these villages are nobody’s responsibility (have been released from treatment by leprosy control programmes and not catered for by general health services).
- National and regional policies and strategies needed to overcome barriers to accessing treatment
- Social support and rehabilitation of the incurable visually impaired needed to improve quality of life & dignity