



Eye Disease in Leprosy (Initial Evaluation and Management)

(Ratings: A: Most important, B: Moderately important, C: Relevant but not critical

Strength of Evidence: I: Strong, II: Substantial but lacks some of I, III: consensus of expert opinion in absence of evidence for I & II)

Initial Exam History

- Ocular symptoms (decreased vision, epiphora, symptoms of irritation) **(A:III)**
- Duration of lagophthalmos (<or>6 months) **(A:III)**
- Duration of leprosy (usually from date of diagnosis) **(B:III)**
- Type of leprosy **(A:III)**
- MDT treatment; what drugs and for how long **(A:III)**
- History of leprosy reactions **(B:III)**

Initial Physical Exam

- Visual acuity **(A:III)**
- Eyelids and lid closure **(A:III)**
- Corneal sensation **(A:III)**
- Conjunctiva **(A:III)**
- Sclera **(A:III)**
- Pupil **(A:III)**
- Nasolacrimal apparatus **(A:III)**
- Slit lamp biomicroscopy
 - Corneal epithelial integrity **(A:III)**
 - Corneal nerve beading, stromal opacity **(B:III)**
 - Anterior chamber **(A:III)**
 - Iris atrophy **(A:III)**
 - Iris "pearls" **(B:III)**
 - Posterior synechiae **(A:III)**
 - Cataract **(A:III)**

Care Management

The main important conditions (cataract, lagophthalmos, anterior uveitis) are managed as for any patient, and people with leprosy should be integrated into the normal eye care service, specifically:

- Cataract should be removed when it adversely affects patient's visual function **(A:III)**
- IOL is not contraindicated as long as quality of surgery is good and eye is quiet **(A:III)**
- Chronic lagophthalmos should be treated surgically if cornea is compromised or

cosmesis is a problem, regardless of severity of lagophthalmos, by whatever procedure the surgeon does best **(A:III)**

- Special considerations in a person afflicted with leprosy include:
 - New onset lagophthalmos (duration <6 months) should be treated with oral prednisolone 25-30 mg per day tapered over 6 months. **(A:III)**
 - Acute uveitis should be treated with intensive topical steroid; associated systemic leprosy reaction must be ruled out or treated if present with systemic steroid give dose) **(A:III)**

Patient Education

- At the end of MDT all patients should be warned that lagophthalmos could develop and understand the risks associated with this. **(A:III)**
- Patients with residual lagophthalmos must be told about the risk from exposure and specifically warned about development of red eye and decreased vision. **(A:III)**
- Patients should understand risks to eye during reaction and given explicit instructions on where to report if reaction develops. **(A:III)**
- All patients should be informed of significance of decreased vision and told to report this to case worker for referral to higher level. **(A:III)**

* Adapted from the American Academy of Ophthalmology Summary Benchmarks, November 2010 (www.aao.org)