



April 2007

International Council of Ophthalmology /  
International Federation of Ophthalmological Societies

## ICO International Clinical Guidelines

# 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 **(CB: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)**

International Council of Ophthalmology  
Jean-Jacques DeLaey, MD, Secretary General  
Department of Ophthalmology, Ghent University Hospital, de Pintelaan 185, B-9000  
Ghent, Belgium  
Fax: (+32-9) 240-49-63 E-mail: [info@icoph.org](mailto:info@icoph.org) Web: [www.icoph.org](http://www.icoph.org)

## ICO International Clinical Guidelines: Eye Disease in Leprosy (Initial Evaluation and Management)

Page 2

- 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)**

(For more ICO International Clinical Guidelines, see [www.icoph.org/guide](http://www.icoph.org/guide))

---

### Preface to the Guidelines:

International Clinical Guidelines are prepared and distributed by the International Council of Ophthalmology on behalf of the International Federation of Ophthalmological Societies.

## **ICO International Clinical Guidelines: Eye Disease in Leprosy (Initial Evaluation and Management)**

Page 3

These Guidelines are to serve a supportive and educational role for ophthalmologists worldwide. These guidelines are intended to improve the quality of eye care for patients. They have been adapted in many cases from similar documents (Benchmarks of Care) created by the American Academy of Ophthalmology based on their Preferred Practice Patterns.

While it is tempting to equate these to Standards, it is impossible and inappropriate to do so. The multiple circumstances of geography, equipment availability, patient variation and practice settings preclude a single standard.

Guidelines on the other hand are a clear statement of expectations. These include comments of the preferred level of performance assuming conditions that allow the use of optimum equipment, pharmaceuticals and/or surgical circumstances.

Thus, a basic expectation is created and if the situation is optimum, the optimum facets of diagnosis, treatment and follow up may be employed. Excellent, appropriate and successful care can also be provided where optimum conditions do not exist.

Simply following the Guidelines does not guarantee a successful outcome. It is understood that, given the uniqueness of a patient and his or her particular circumstance, physician judgment must be employed. This can result in a modification in application of a guideline in individual situations.

Medical experience has been relied upon in the preparation of these guidelines, and they are whenever possible, evidence-based. This means these Guidelines are based on the latest available scientific information. The ICO is committed to provide updates of these guidelines on a regular basis (approximately every two to three years).

(Also see the Introduction to the ICO International Clinical Guidelines at [www.icoph.org/guide/guideintro.html](http://www.icoph.org/guide/guideintro.html) and the list of other Guidelines at [www.icoph.org/guide/guidelist.html](http://www.icoph.org/guide/guidelist.html).)