THE SRI LANKA JOURNAL OF DERMATOLOGY

The official publication of the Sri Lanka College of Dermatologists

Volume 15, 2011

From the editors

Sri Lanka Journal of Dermatology, 2011, **15**, 1-2

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Wijerama House
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Colombo 7
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Printed by

Ananda Press
82/5, Sir Ratnajothi Saravanamuttu
Mawatha, Colombo 13
Sri Lanka

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This edition of the Journal focuses on two of the major infective diseases of the skin, still causing major problems in Sri Lanka, Leishmaniasis and Leprosy. Leishmaniasis is mainly distributed in the tropical and subtropical countries. The annual case incidence is about 1.5 to 2 million worldwide. The first locally acquired patient with cutaneous leishmaniasis was reported in 1992. Since the year 2000 increasing numbers of patients have been reported from Sri Lanka, and it has been declared a notifiable disease in 2008. This Volume of the Journal includes the parasitology of disease, its transmission and pathogenesis, methods of treatment and control of the disease and a hospital based study of the disease in the North Central province of the country. Atypical presentations of Leishmaniasis are not uncommon and three such cases are also reported in this issue.

Leprosy in Sri Lanka, though below the WHO benchmark of one case per 10,000 population since 1995 still remains a problem. The numbers of newly diagnosed cases show no signs of falling and still remain around 2000 cases per year. The number of child cases (below 15 years of age) still remains at 10-11% indicating ongoing transmission of the disease. The high percentage of grade 2 disability, indicating late presentation, is another challege for the clinician.

In Sri Lanka the integration of leprosy into the national health network has resulted in dermatologists being the main health workers involved in the diagnosis, and management of patients with leprosy. This has been a challenge to the dermatologists in Sri Lanka, now serving in all parts of the Island.

Even though the diagnosis of leprosy is not a problem to the experienced clinician, late presentation due to lack of awareness of health care workers as well as the general public together with

the atypical presentations poses challenges. Reactions in leprosy and the apparently increasing incidence of adverse events due to therapy are major issues facing the dermatologist. Managing neuropathy in leprosy is another area that needs greater attention and improvement. Patients with grade 2 disabilities need to be managed by a multidisciplinary team able to deal with all aspects of care of these patients.

The Sri Lanka Asssociation of Dermatologists (SLAD) has taken steps to guide our members in the problems associated with leprosy and its treatment. This issue includes the guidelines of the SLAD on the diagnosis and management of leprosy reactions. The study group of the SLAD on leprosy is at present formulating the guidelines for the diagnosis and management of leprosy in Sri Lanka where a major part of the clinical diagnosis and management of leprosy is handled by dermatologists. A study is also being conducted on contact tracing of leprosy, with adequate provision for patient privileges. A disturbing increase in toxic reactions to the drugs issued to patients in the management has been noted with an increase in Dapsone sensitivity syndrome and haemolytic anaemias. This is also under study by this group. We await the results of these studies.

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Editors