

Relapse Investigation Form

ALC/RI/2015/1

To be filled at the dermatology clinics and send to ALC via PHI Leprosy

ALC No: Clinic No: NIC No:

1. Treating institution..... 2. Name of the consultant.....
 3. Name of the patient.....
 4. Age 5. Sex: M/F
 6. Address.....

Details on present episode of leprosy:

7. Type of the Lesion - MB/PB 8.1 No. of skin lesions
 8.2 No. of new lesions detected 8.3 Ocular lesions present: Y/N 8.4 No. of nerves involved
 8.5 Skin smear testing

Site	Smear positive	
	MI	BI

8.6 Biopsies done: Skin biopsy Nerve biopsy
 Results

9.1 Presenting this time with a reaction: Y/N 9.2 If Yes: Type: 1 / 2 9.3 Started on treatment for reaction- Y/N

10. Medical history: DM TB Long-term steroid Immune deficiency Pregnancy
 Other (Please specify)

Previous History of Leprosy

1. When was the initial treatment taken (year) -..... 2. Previously treated institution.....
 3. Treated by - Consultant/ Medical Officer/ PHI/ Other (Specify)..... 4. Type - MB/PB
 5.1 No. of skin lesions 5.2 No. of nerves involved 5.3 Any ocular lesions present: Y/N
 5.4 Skin Smear testing

Site	Smear positive	
	MI	BI

5.5 Skin/ Nerve biopsy results (if available)

6.1 History of reactions - Y/N 6.2 If Yes, type: 1 / 2

7. Previous treatment history

7.1 Treatment started date..... 7.2 Treatment completed date
 7.3 Time since completion of previous treatment: Months Years

7.4 MDT regime given:

- a) Standard WHO regime (please circle) : MDT-MBA/ MDT-PBA/ MDT-MBC/ MDT- PBC
- b) MDT-MB without Dapson
- c) Any other regime or deviation from the regime (e.g. 1/2 dose or EOD Dapsone)
- d) ROM
- e) Dapsone monotherapy
- f) Clofazamine monotherapy
- g) Any alternative regime (please specify)

7.5 How many packs of MDT taken previously.....

7.6.1 Premature termination of treatment due to any reason: YES/NO

7.6.2 If yes, treatment was stopped,

- a) After consulting a doctor
- b) By patient him/herself without consulting a doctor
- c) On advice of a third party/ family member
- d) On advise due to an elevated/abnormal investigation results
- e) Due to any other medical condition (please specify).....
- f) Poor patient compliance
- g) Due to any MDT supply breakdown
- h) Any other reason (please specify).....

7.5 If treatment was extended previously, it was due to

- a) Patches remaining after treatment
- b) Smear remaining positive at the end of treatment
- c) Any other reason (Please specify)

8. Any contact history with Leprosy after completion of previous treatment - YES/ NO

9. On what basis you categorize this patient as a relapse case (Please tick)

- a) Appearance of new skin lesions
- b) Increase in size of pre-existing skin lesion
- c) Infiltration and erythema in lesions that had completely subsided
- d) Thickening or tenderness of nerves
- e) Reappearance of positivity for AFB after case become negative
- f) Persisting high or increase in BI of 2 +
- g) Positive nerve biopsy (solid staining organism inside fibrous nerve bundles)
- h) Histological evidence- reappearance of granuloma in PB cases
- i) Failure to respond to treatment
- j) Following a steroid trial to rule out reaction
- k) Any other reason (please specify)

10. In your opinion this patient is

- a) PB relapsing as MB
- b) MB relapsing as a PB
- c) PB relapsing as PB
- d) MB relapsing as MB
- e) Not a relapse

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Consultant Dermatologist

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Date