

## Drs. Agrawal, *et al.* Reply

TO THE EDITOR:

In response to the issues raised by Dr. Michel F. Lechat, we would like to say that we have reported this case because of the patient's advanced age, and also to highlight the possibility of a long incubation period of leprosy. The skin biopsy was done to confirm the diagnosis before starting

treatment in this age group. A slit-skin smear was done to ascertain the bacterial index, which is also important for treatment. Hematological and biochemical tests were done to obtain the renal and hepatic functional status which has bearing on the metabolism and excretion of drugs used to treat leprosy. Punch biopsy, slit-skin smear and venipuncture for blood samples for rou-

tine baseline investigations do not belong to modern invasive sophisticated techniques. It would have been unethical not to treat only because of the advanced age. Moreover, he was slit-smear positive and would have continued the spread of infection in the society since so many people visited him daily for his blessing. We treated definitely in the hope that he would be cured. Therefore, we are fully justified in treating this patient. The criticism regarding treating this patient with World Health Organization multidrug therapy (WHO/MDT) by Dr. Lechat raises a very pertinent question of whether elderly patients with leprosy should be treated at all and, if yes, with which MDT? In spite of knowing of his treatment he was not disowned by his fam-

ily and had been well looked after. So in modern times the idea has been changed.

In the year 2000, when WHO is making an all out effort to eliminate leprosy, we firmly believe that all patients documented to have leprosy must be treated with WHO/MDT, irrespective of their ages. However, the safety of the drugs should be considered when treating any geriatric patient.

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