Significance of color doppler imaging in leprosy

Sir,

I read with great interest the article titled, "Role of ultrasound in evaluation of peripheral nerves" by Lawande *et al.* in the July–September 2014 issue of the *Indian Journal of Radiology and Imaging*, Volume 24, Issue 3.^[1] The article is informative and intelligently written with excellent depiction of pathologies on ultrasound. However, I would like to make the following contributions.

In the section on "Infective lesions" in the manuscript, the authors mention that there is presence of increased peri-, endoneural vascularity on Doppler in leprosy affected nerves.^[1] This, however, is not in accordance with the prevailing body of literature.^[2,3] In the study conducted by Jain *et al.*^[2] and Martinoli *et al.*,^[3] none of the patients with leprosy had an increase in neural vascularity. Increased vascularity in peri-, endoneurium, unlike nerve enlargement and architectural distorsion, is both a marker of acute neuritis as well as a differentiating factor between leprosy and leprosy-associated lepra reactions (an immunologically mediated inflammatory state during leprosy).^[2,3] The differentiation is critical on account of two reasons; first, increased vascularity

suggests lepra reactions, identification of which should prompt immediate antireaction therapy.^[4] Failure to institute immediate treatment may result in irreversible nerve damage; sometimes in as less as 24 hours within the onset of lepra reactions.^[4] Second, lepra reactions are characterized by recurrence.^[2,4] Hence, ultrasound depiction of neural vascularity may help guide the duration of antireaction therapy.^[2] Recurrence is postulated to occur because the treatment is discontinued on clinical betterment without ultrasound evidence of nondetection of vascularity on Doppler.^[2] Lepra reactions are potentially treatable, fairly common, and are a cause of significant morbidity.^[4]

To conclude, an increased vascularity on Doppler interrogation helps differentiate leprosy from lepra reactions and is a marker of acute neuritis.

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