149 - LEPROSY CARRIER PATIENTS AND THE REHABILITATION OF THE INFERIOR MEMBERS

OLAVO KYOSEN NAKAMURA
EUNICE KIMIE KYOSEN NAKAMURA
Curitiba - PR - Brasil
nakamura@mais.sul.com.br

INTRODUCTION

Origin leprosy still obscure it is one of the oldest diseases manifested in the man. More remote references date of 800 B.C. and it comes from Asia, that together with Africa they are considered the cradle of the disease. The improvements of life conditions and the progress of the scientific knowledge modified that picture and today, the leprosy has treatment and it cures. Brazil insists in the restructuring of actions returned to the control and eradication of the disease (HEALTH, 2005).

JUSTIFICATION

Leprosy is a chronic infectious disease, whose agent etiologic is the " Mycobacterium leprae ", and he/she would not have the importance that has, if it just roots a disease of contagious skin, but, it is your predilection for the outlying nerves that it causes the incapacities and deformities, responsible for the fear, the prejudice and for the taboos that involve the disease being, therefore, a contagious disease and that deforms (FNS, 1998).

The infection source is the man with the forms bacilliforms, virchowiana and dimorph. The roads of elimination of the germs are the roads aerial superiors, for the great number of lesions that you/they exist in the nasal mucous membrane, in the mouth and in the larynx. The ulcerated cutaneous lesions can also constitute a road of important elimination (OMS ,2005).

The influences in the emergence of the disease are the protein-caloric deficiencies with consequent implications in the formation of immunologic factors, the promiscuity, the hygiene lack and the general poverty. He/she took the responsibility the climate with considerable paper in the dispersion of the disease, because, in countries where leprosy is endemic, they are located in climate areas it is tropical or subtropical. But that distribution is more linked to the conditions socioeconomic than climatic (BRASIL,2002).

Norway, a cold country, where leprosy reached discharges prevalences in the last half of the century XVIII the disease it only finished with the improvement of the sanitary conditions of the population and of your standard of living.

The National Program of Elimination of leprosy was restructured and raised to the condition of priority of administration of ministry of Health, for presenting unsatisfactory results in the last years and reinforcing the commitment previously assumed by the government from Brazil, of elimination of the leprosy as problem of public health (FNS, 1998).

The reduction of the prevalence rate to the elimination, through the patients' cure, and of the interruption of the transmission chain, it depends on the capacity of SUS to diagnose the cases in the initial phase of the disease and to treat them with standard poli-chemotherapy OMS (PQT / OMS).

The reduction of the social load of the disease depends on the precocious detection for reduction of cases detected with physical incapacities, besides the appropriate treatment of incapacities already installed.

In Brazil of the century XX, the authorities of the area of health started to use the expression " leprosy " in the leprosy " place, once this last denomination associates to the idea of terrible and incurable disease. He/she/you seems that that measured, partly, he/she did with that that disease was seen as an any other one. On the other hand, it seems also to have happened the fact that, with the name change, some people think that two diseases exist (OLIVEIRA,1999).

The implantation of new strategies and the rigorous conduction of the control programs reduced the leprosy prevalence a lot in Brazil and all over the world. Though, the compromising of the neural functions requests special cares, for obtaining of minimizing of the progressively of the disease and the prevention of the provoked sequels, deficiencies sensitive, motive, the deformations and resulting incapacities of the neural complications (BRASIL,2001).

OBJECTIVE

To characterize the rehabilitation of inferior members in the patients leprosy bearers and your neuropathies.

METHODOLOGY

Development of bibliographical research with qualitative approach for the characterization in the rehabilitation of the inferior members of patient neuropathies bearers provoked by the leprosy.

BIBLIOGRAPHICAL REVISION

Starting from 1998, ministry of Health adopts, the instruments of SINAN as exclusive and official source of data for evaluation and the accompaniment of the actions of the Program of Control of Leprosy. The emphasis is given to the effectiveness of the treatment and the monitoring of the prevalence of the disease. The fragility of the information advents of SINAN, now doesn't allow a discerning and detailed analysis of the referring data to the leprosy in Brazil (HEALTH, 2005).

The same scenery is also observed for the other diseases of compulsory notification, that depend on the local level for feeding of this system of information. In the hanseníase this situation is worsened by the chronic of the disease, that needs the accompaniment of the cases, in some situations of periods of up to 36 months. For the knowledge of the magnitude of the disease it is necessary that the municipal districts implant an accompaniment system and monitoring of the feeding of the system for the local level (HEALTH, 2005).

It is necessary to remind that although SINAN is a system of information, the same it doesn't still allow to evaluate the secular tendency of the endemic and your impact, or the efficiency of the program. The construction of the basic indicators of the Program of leprosy using SINAN allows to evaluate in a simplistic way the implantation of the actions diagnosis programmatic, treatment, prevention of physical incapacities and surveillance of contacts in the basic net of health. To evaluate the education actions in health, one of the components of the program, the population covering and of services with implanted actions, of the efficiency of the service, it is necessary to throw hand of other information.

The leprosy is an infectious disease, of chronic evolution that attacks the outlying nerves predominantly and, secondarily, skin and mucous membranes. Your agent etiologic is Mycobacterium discovered leprae for G.A. Hansen, in 1873. The infection activates for the M. leprae it is characterized by a great variability in the clinical course, varying of a disease paucibacilar where few bacilli are present, to a disease multibacilar, in the which great bacillary load is present in the lesions (BRAZIL, 2002).

The detection and the treatment of the cases are still, at the present time, the principal methods used to combat the leprosy seeking the interruption of the chain of transmission of the disease. The leprosy was object of the most several treatment types, and in the end of the decade of 1940, two reports of treatment experience were published with the sulfone-mother (diamino-difenilsulfone), demonstrating good therapeutic results and low financial cost. The dapsone (DDS) it was firm then, as to principal it drugs anti- leprosy and strategic for the control of the disease since the decade of 1950 (BRAZIL, 2002).

Later, the clofazimine (CFZ) tested by Browne & Hogerzeil and the rifampicine (RMP), by Opromolla, they also began to be used in the treatment of the leprosy.

However, the mono-therapy came as the most frequent cause of development of the resistance to the medicine and the use of, at least, two potent drugs would help to overcome that problem (BRASIL, 2002).

Tends knowledge of that fact, OMS, in 1981, introduced the combined chemotherapy with three drugs, known as multi-chemotherapy (PQT/OMS), that it consists of the use of the three considered drugs the best, to know: DDS + CFZ + RMP. For individuals classified as paucibacilars 6 monthly doses of rifampicine they are recommended in up to 9 months of treatment and, dapsone daily. For the patients classified as multibacilars, it is recommended 12 monthly doses in until 18 months of rifampicine and clofazimine and, dapsone and clofazimina in diary doses (BRASIL, 2002).

In 1992, ministry of Health was signatory of the goal of elimination of the leprosy extolled by OMS (less than 1 case for each 10.000 inhabitants) and Brazil passed of 16,4/10.000 inhabitants in 1985 for 5,51 / 10.000 inhabitants in 1997, through the implementation of the multi-chemotherapy (PQT) (FNS, 1998).

The effectiveness of the treatment based on the cured percentage between the cases paucibacilars and the multibacilars it was of 72% and 62%, respectively, presenting a low increment due to the small reduction of the percentile of cases in abandonment (FNS,1998).

In the measure in that the discharge rates for cure and of abandonment of the treatment practically were stabilized, the goal of elimination of the leprosy was delayed. Probably, when implanting PQT, important subjects as the damages caused by the adverse effects to the drugs, as well as the handling of those effects they were not mischievous in consideration. As there is not primary prevention in leprosy, that is, there is not a vaccine against the disease, it is consent that the multi-chemotherapy is constituted today as to main strategy to interrupt the chain of transmission of the M. leprae and to eliminate the leprosy as problem of public health.

DIAGNOSIS

The diagnosis of the leprosy is accomplished through the clinical exam, when it is looked for the dermatologic and neurology signs of the disease in people that present an or more of the following characteristics and requesting treatment chemotherapy: skin lesions with alteration of the sensibility; manifestation of thickness neural in nerves; test positive of baciloscopy.

The classification is important to determine the outline of treatment appropriate chemotherapy of this offence should be done with base in the signs and symptoms of the disease: Paucibacilars (PB): cases with up to 5 skin lesions; Multibacilars (MB): cases with more than 5 skin (FNS lesions, 1998).

To identify the degree of the neural impairment and of the patient's physical incapacity, it is of importance for the orientation of the regular practice of solemnity taken care, in the decision of the prevention measures they be adopted her, and the treatment of the incapacities and deformities.

In the leprosy, the principal attacked outlying nerves are: facial: (triplet and facial), that they can cause alterations, in the eyes, face and nose; arms: (medium, ulnar and radial), they cause alterations in the arms and hands; legs: (subsequent tibial and fibular), they can cause alterations in the feet and legs. (BAD, 1998).

The neurological evaluation should be accomplished: during the diagnosis, every semester, in the occurrence of neuritises and reactions, when there is suspicion during or after the treatment PQT, and whenever there are complaints. The identification of neurological lesions is made through the inspection of the eyes, nose, hands and feet, palpation of the outlying nervous logs, evaluation of the muscular force and sensibility evaluation in the eyes, superior members and members inferiors (SAMPAIO,2000).

INSPECTION OF THE EYES - NOSE

The inspection of the eyes has objective of verifying the signs and current symptoms of the presence of the bacillus and of the compromising of the nerves that innerves the eyes. He/she consists of asking to the individual he/she feels ardor, itch, dimmed view, drying of the eyes, heavy eyelids, lacrimejamento, or other symptoms. The existence of nodules should be verified, infiltrations, secretions, hiperemia, madarose, triquiase, ectrope, lagoftalmo, cornea opacity, alteration of the contour size and reaction of the pupils and if the same ones come black or whitish (BRAZIL, 2001).

INSPECTION OF THE SUPERIOR MEMBERS IS INFERIOR

He/she/you is to verify signs and current symptoms of compromising of the nerves that innerves the hands, owing, to be questioned on the possible decrease of the force, dormancies, and other symptoms. Verification of the drying existence, callosities, fissures, wounds, scars, muscular atrophies and bony reabsorptions.

In the inspection of the inferior members the signs and current symptoms of the compromising of nerves are verified that innerve the feet. They understand the investigation about the possible pain existence, dormancy, atony, edema, and other symptoms. Verification of the drying existence, callosities, fissures, wounds, ulcers, scars, bony reabsorptions, muscular atrophies, and other symptoms (BRAZIL, 2001).

SOLEMNITY TAKEN CARE WITH THE FEET

The principal signs and symptoms of compromising neural, of incapacities or of deformities in the feet are: calluses, drying, loss of protecting sensibility, fissures, ulcers and wounds in the feet, shortness or retraction of soft fabrics, muscular atony and claw of toes.

When there are calluses the hydration of the feet it should be guided placing them in a basin with water, to the ambient temperature, during about fifteen minutes. The calluses should be sanded, after the hydration, and soon after lubricated with drops of mineral oil or vaseline, daily. It is important that the adaptation of footwears is accomplished, alleviating the pressure on the affected area (BRASIL,2001)

In the drying presence, fissures, calluses, shortness, ulcers and wounds in the feet, the same procedures should be accomplished recommended for the hands. When the loss of the protecting sensibility of the feet, your bearer be evidenced you should be guided to examine your feet daily, have not been barefoot and to use comfortable footwears, that don't hurt nor cause wounds. Shoes of wide beak, of low jump, with comfortable sole, agglutinated or sewn and without nails (BRASIL,2001).

To guide to walk with short and slow steps, to avoid long walks that can cause discomforts and wounds. Being found shortness or retraction of soft fabrics, it should be guided for accomplishment of exercises specific 3 times a day. In the presence of muscular atony it should be guided to accomplish the exercise specific 3 times a day, with each leg (BRASIL,2001)

DEGREE OF INCAPACIDADE DOS PACIENTES

The signs and symptoms are identified in the evaluation of the feet, for the adaptation to the different types of footwears and other necessary measures to prevent incapacities and deformities.

Degree " 0 " - Absence of functional incapacity. Presence of present protecting sensibility in the whole surface to plant, and

the patient can feel the light touch with the ballpoint pen. Footwear type and necessary adaptations: Common footwear. Another measured: Care with the skin and daily observation of the feet.

Degree " 1 " - Loss of protecting sensibility in the surface to plant, the patient doesn't sit down the light touch with the ballpoint pen. Footwear type and necessary adaptations: Common footwear and it walks simple. Another measured: Daily observation and solemnity taken care. Cares with the way of walking. I use of two equal of stocking. Hydration and lubrication daily rates. Cares with the skin. Exercises to maintain the movable articulations and to improve the muscular tonus. The patient's direction for reference centers, if necessary.

Degree " 2 " - Loss of protecting sensibility in the surface to plant, with other complications, such as: Ulcers Trophic, Traumatic Lesions, Claws, Fallen Foot, Contracture of Ankle. Footwear type and necessary adaptations: Common footwear, comfortable with moulded inner sole and with the adaptations: Barra to Metatarso-plant, to Arch-plant, Adaptation in the area of the heel, Firm Sole, Férula of Harris: Apparel Dorsiflexor for fallen foot. Daily observation and solemnity taken care. Cares with the way of walking. I use of two equal of stocking. Hydration and lubrication daily rates. Cares with the skin. Exercises to maintain the movable articulations and to improve the muscular tonus. The patient's direction for reference centers, if necessary.

RESULTS AND DISCUSSION

The leprosy is caused by the Mycobacterium leprae, discovered bacillus in 1873 for the Norwegian cientist Dr. Gerhard Amauer Hansen. Then the name leprosy. It is also known as: leprosy, morféia, lázaro evil, badly of the skin and badly of the blood. It can present stains whitish or red in any part of the body where the person doesn't feel cold, heat and pain, dormancy in the area and nodules, can feel close pain to the elbow, knee and ankle, and the occurrence of fall of the hair of the body.

The least contagious of the transmissible diseases is considered. Even so, the infection risks exist, mainly if the person is not accomplishing the treatment. In those cases the bacillus can be transmitted by the breathing, through contact intimate e/ou for the saliva. Since the bacillus penetrates in the human organism until the emergence of the first signs or symptoms, it can elapse on average 4 years, it is the disease that possesses the largest incubation period.

In the State of Parana, on average, they are discovered 1,5 thousand cases a year no. the central area of the State it is where he/she ponders the largest number of cases. More men than women are reached by the disease, as well as people of the white race. The age group of the 35 to the 40 years prevails among the ones that they contract the leprosy (CONASEMS, 1999).

Parana is close to reaching the goal of a case of leprosy for each 10 thousand inhabitants, that it is the goal of the World Organization of the Health (OMS) and of ministry of Health as problem of public health. In 2004, there were 1,7 people reached for each 10 thousand inhabitants. In 2005, the State reached 1,4 people reached for each 10 thousand habitants (CONASEMS, 1999).

We observed through the indicators that the treatment abandonment in the State of Parana stayed with periods of low indexes for occasion of the implantation of the treatment poliquimioterápico PQT/OMS. there was increase of the abandonment mainly starting from the compulsory nature of the monthly attendance to the Units of Health. In 1999 it happened the elevation of the indexes of abandonment that you/they were 5,9% in 1998 for 11,8%, due to the rotatividade of the teams of Health (PACS/PSF). In 2000/2001 with the increase of the teams of Pacs/PSF and the decrease of the time of treatment of 24 for 12 months there was fall of 11,8% in 1999, for 1,33% in 2001 (CONASEMS,1999).

The areas in that teams of PACS/PSF more developed, the rate of abandonment of leprosy treatment got better sensibly due to the professionals' training, the development of campaigns, the concession of it is worth transport to the patients, and monitoring of the accompaniments of the System of Information of Notification of Offences National - SINAM.

Disease highly contagious and infectious, not hereditary, of chronic evolution that depends on the specific cellular immunity against the bacillus of Hansen. Of slow and insidious evolution, he/she has your first clinical manifestation in the stain form that develops to arrive with progressive loss of the tactile and painful sensibility. leprosy doesn't kill, and when not treated it is cause of incapacities and physical deformations. He/she/you presents the following forms of clinical manifestation:

He/she/you forms Uncertain: It is characterized by stain hipocrômica e/ou eritematosa, hipoestesicas, only or in small number, of indefinite limits, usually anesthetics. There is not compromising of nervous logs, not happening problems motor or sensitive that can originate physical incapacities. The test of Mitsuda can be positive or negative with the baciloscopia negativa(BRASIL, 2001).

Form Virchowiana: It is characterized by stains hipocrômicas, hipoestésicas with imprecise limits and after a time the plates become lesions solid nodulares, papulosas and with madarose occurrence. The cutaneous lesions can ulcerate and to commit outlying nervous logs and mucous membranes with loss of the sensibility, could present visceral lesions, dermatológicas and of mucous membranes. Test of Mitsuda is negative, with the baciloscopia it is positiva(BRASIL, 2001).

Form Tuberculóide: It is characterized by plate only or little numerous, eritematosas, violáceas, of high borders with clear external limits, edemaciadas, pigmentadas, evenly infiltrated, papulosas, without for the, happening loss of the sensibility. Larger occurrence in the area to plant, palmar and facial, the baciloscopia is negative (BRAZIL, 2001).

Form Dimorfa: It is characterized by lesions pré-foveolares, plane eritematosas with the clear center; lesions foveolares eritematosas infiltrated with depressed center; of limits indefinite, very numerous, rosy-violácea, pigmentada, polimorfas, of clear internal borders. Test of Mitsuda is usually negative and it presents positive baciloscopia.

The differences among the forms are certain for the type and extension of the lesions, presence of bacilli in the lesions, Reaction of Mitsuda positive or negative, evolution and contagiosidade, and the histologia of the cutaneous lesions. In all the forms of the hanseníase the nerves peripheral are attacked and with evolution for the compromising of the whole nervous log, with muscular group paralysis, deformities and amiotrofias.

Hanseníase a disease also known by the names: Leontíase, Leprosy, Evil of Hansen, Evil-give-skin, Evil-of-Lázaro, Evil-pity-blood and Morféia, when not treated it develops serious complications as: Eritema knotted hansênico, Sequels neuromusculares, Osteoporose, Mutilations and amputations of extremities, Deformity and irreversible degenerative alterations, Osteomielite, Loosening e/ou loss of superior incisive teeth, Glomerulonefrite, Glaucoma and blindness.

Sequels: Decrease of the masculine fertility, Ginecomastia, Claw fastens of fingers and toes, Compromising of the picture motor type paralytic-amiotrófico, with elective location in the extremities distais of the members.

In MMSS they can happen the following compromisings: hand in claw, hand pendular, hand simiesca.

In MMII it is frequent the March escarvante, Tumbling of the nose, Compromising of the cartilaginous arcabouço of the nose, with the consequent alteration in your way, Anesthetic Areas, Mutilations of MMII. It can also happen the Compromising of the Larynx, Hoarseness, Alteration of the Voice, Dispnéia Accentuated by glottis lesions, Facial Paralysis, Ulcers and Lesions, Lagoftalmo, Blindness, Scars, Badly perforate to plant. Physical incapacity, Madarose, and bony Reabsorption.

CONCLUSION

When penetrating the human organism the Bacillus of Hansen, etiologic agent of the leprosy, proceeds through the current sanguine or lymphatic multiplying in the lymphatic ganglions, reaching the skin and the sanguine current reaches the Outlying nervous system, tends preference for cells of the system retículo-endotelial, the histiócitos. In most of the cases the lesions and manifestations neurais precede the cutaneous lesions.

PQT is a free treatment and it should be available in the basic units of health. The professional should check that the patients completed the number of extolled doses. In the patient's impossibility to attend the electric outlet of the dose supervised monthly, to give to the patient the number of enough blisters for not happening interruption of the treatment, and in this sense the educational actions close to the patients and relatives are of big it was worth.

We understood as basic attention the group of actions, of character individual or collective, located in the first level of attention of the systems of health, gone back to the promotion of the health, the prevention of offences, the treatment and the rehabilitation. To end with the fear of the leprosy, promoting the knowledge of the precocious signs of the leprosy and motivating the people to seek her/it the treatment.

Elimination means to reduce the load of the disease considerably low for a level. This will take to the reduction of the infection source. The World Organization of Health defines elimination as a prevalence rate of less than 1 case for each 10.000 inhabitants.

The strategy to eliminate the leprosy understands: To turn the diagnosis and the available treatment gratuitously, in all the positions, centers and Units of Health of the Family. To enable each worker of health to diagnose and to treat the leprosy.

Among the people that get sick, some present resistance to the bacillus, in that way the cases Paucibacilares are constituted (PB), that they shelter a small number of bacilli in the organism, insufficient to infect other people. The cases Paucibacilares, therefore, important sources of transmission of the disease are not considered due to your low bacillary load. Some people until they can get well spontaneously.

The cases Multibacilars (MB), they happen with smaller number of people, that they don't present resistance to the bacillus, and he/she will multiply in the organism being eliminated for the external middle, and infecting other people. The cases Multibacilars (MB), they are constituted in the infection source and maintenance of the epidemic chain of the disease.

When the sick person begins the treatment chemotherapy (PQT), she stops being transmitter of the disease, because the first doses of the medication kill the bacilli, turning them unable to infect other people.

The leprosy can be cured without leaving any sequel if it be discovered in the beginning. For that reason, the service of health should be sought the symptoms as soon as they appear. The risk of contamination will also stop existing if she be treated correctly. The treatment is simple and free in all health centers. The first dose of the medicine kills 90% of the bacilli and the disease leaves of being transmitted. The treatment should not be interrupted and with the duration of 6 months.

The abandonment of the treatment of the leprosy was always a great problem due to the migratory flow, deficiency in the attendance in our Units of Health, social condition and the stigma for the leprosy that still today is plenty of present.

The surgical treatment of the neuritises is constituted in coadjutant component in the approach of this problem. It is known that one of the important factors in the production of the neuropathies is the compression intra and extraneural. This way, the purpose of the surgery should be to reduce or to eliminate the compression.

The edema and the compression intraneural answer well to the treatment with corticoids, but the presence of structures anatomical close constritive to the nerve suggests the need of your liberation for better solution of the neuritis problem that the patient presents. This is one of the main reasons so that the surgical attention is taken in consideration in the global attention of that problem.

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Endereço: Rua Padre Camargo 280, Alto da Glória, Curitiba - Paraná
Email: nakamura@mais.sul.com.br
Telefone: (41)3242-0512

LEPROSY CARRIER PATIENTS AND THE REHABILITATION OF THE INFERIOR MEMBERS

ABSTRACT: This bibliographical research of qualitative boarding has objective to characterize the whitewashing of inferior members in the carrying patients of leprosy and its neuropathies. The universal access of the population to the diagnosis, treatment, and the inclusion in the basic actions of health, they aim at its elimination as problem of public health in Brazil. Among the adopted strategies, it is distinguished decentralization of the programmatically actions of leprosy for all the basic net of health of the country. Leprosy is an infectious illness, of chronic evolution that to attack predominantly peripheral nerves e, secondarily, skin and mucosal. The diagnosis is carried through the clinical examination, when one searches dermatological and neurological signals of the illness in more characteristic people who present one or. Correct identification of the degree of the neural problems and the disability of the patient, it is important for the treatment and regular practical orientation of the auto one cares. When penetrating the human organism the etiologic agent mycobacterium leprous, it follows through the sanguineous or lymphatic chain to initiate multiplied in the ganglia, reaching the skin and the sanguineous chain, it reaches the Peripheral Nervous System preferring cells of the system reticulum-endothelial. Contagious and highly infectious illness, not hereditary, of chronic evolution that depends on the specific cellular immunity against the bacillus, slow and treacherous evolution, it has its first clinical manifestation in the spot form that evolves until the gradual of tactile sensitivity and painful loss. The leprosy does not kill, but when is not treated, it is physical cause of incapacities and deformations.

KEY-WORDS: leprosy, public health, strategies, peripheral nervous.

MALADES DU PORTEUR DE LA LÈPRE ET LA RÉÉDUCATION DES MEMBRES INFÉRIEURS

LE RÉSUMÉ: Cette recherche bibliographique de pension qualitative a l'objectif pour caractériser le blanchir à la chaux de membres inférieurs dans les malades du transport de lèpre et son neuropathies. L'accès universel de la population au diagnostic, traitement, et l'inclusion dans les actions de base de santé, ils visent son élimination comme problème de santé publique au Brésil. Parmi les stratégies adoptées, il est distingué décentralisation des actions du programmatically de lèpre pour tout le filet de base de santé du pays. La lèpre est une maladie infectieuse, d'évolution chronique qu'attaquer d'une manière prédominante périphérique fortifie e, secondairement, peau et mucosal. Le diagnostic est porté à travers l'examen clinique, quand on cherche dermatological et signaux neurologiques de la maladie dans gens plus caractéristiques qui en présentent un ou. Identification correcte du degré des problèmes neuraux et l'invalidité du malade, c'est important pour le traitement et orientation pratique régulière de l'automobile se soucie. Quand pénétrer l'organisme humain le mycobacterium de l'agent de l'etiologic lépreux, il donne suite au sanguineous ou chaîne lymphatique pour commencer a multiplié dans les ganglions, en arrivant à la peau et les sanguineous enchaînent, il arrive à le Système Nerveux Périphérique qui préfère des cellules du reticulum-endothelial du système. La maladie contagieuse et très infectieuse, pas héréditaire, d'évolution chronique qui dépend de l'immunité cellulaire spécifique contre le bacille, évolution lente et traître, il a sa première manifestation clinique dans la forme de la tache jusqu'à qui évolue le graduel de sensibilité tactile et perte douloureuse. La lèpre ne tue pas, mais quand n'est pas traité, c'est cause physique d'incapacités et difformités.

LES MOTS-CLEF: la lèpre, santé publique, stratégies, périphérique nerveux.

LOS PACIENTES PORTADORES DE LEPRA Y LA REHABILITACIÓN DE LOS MIEMBROS INFERIORES

EL LO ABSTRACTO: Esta investigación bibliográfica de entablado cualitativo tiene el objetivo para caracterizar el encalando de miembros inferiores en los pacientes de transporte de lepra y su neuropathies. El acceso universal de la población al diagnóstico, tratamiento, y la inclusión en las acciones básicas de salud, ellos apuntan a su eliminación como el problema de salud pública en Brasil. Entre las estrategias adoptadas, es la descentralización distinguida del programáticamente las acciones de lepra para todo el precio neto básico de salud del país. La lepra es una enfermedad infecciosa, de evolución crónica que atacar predominantemente periférico anima e, secundariamente, la piel y mucosal. El diagnóstico se lleva a través del examen clínico, cuando uno investiga los dermatological y los signos neurológicos de la enfermedad en las personas más características que presentan uno o. La identificación correcta del grado de los problemas nerviosos y la invalidez del paciente, es importante para el tratamiento y la orientación práctica regular del auto cuida. Al penetrar el organismo humano el mycobacterium de agente de etiologic leproso, lleva a cabo el sanguineous o la cadena linfática para comenzar multiplicó en los ganglios, mientras alcanzando la piel y los sanguineous encadenan, alcanza el Sistema Nervioso Periférico que prefiere células del reticulum-endothelial del sistema. La enfermedad contagiosa y muy infecciosa, no hereditario, de evolución crónica que depende de la inmunidad celular específica contra el bacilo, la evolución lenta y traicionera, tiene su primera manifestación clínica en la forma de la mancha hasta que evoluciona el gradual de sensibilidad táctil y la pérdida dolorosa. La lepra no mata, pero cuando no se trata, es causa física de incapacidades y deformaciones.

LAS PALABRAS CLAVES: la lepra, salud pública, las estrategias, periférico nervioso.

OS PACIENTES PORTADORES DE HANSENÍASE E A REABILITAÇÃO DOS MEMBROS INFERIORES

RESUMO: Esta pesquisa bibliográfica de abordagem qualitativa tem objetivo caracterizar a reabilitação de membros inferiores nos pacientes portadores de hanseníase e suas neuropatias. A universalização do acesso da população ao diagnóstico, tratamento, e a inclusão nas ações básicas de saúde, visam sua eliminação como problema de saúde pública no Brasil. Entre as estratégias adotadas destaca-se a descentralização das ações programáticas de hanseníase para toda a rede básica de saúde do país. A hanseníase é uma doença infecciosa, de evolução crônica que acomete predominantemente os nervos periféricos e, secundariamente, pele e mucosas. O diagnóstico é realizado através do exame clínico, quando se busca sinais dermatológicos e neurológicos da doença em pessoas que apresentam uma ou mais características. Correta identificação do grau dos comprometimentos neurais e da incapacidade física do paciente, é importante para o tratamento e orientação da prática regular de auto cuidados. Ao penetrar o organismo humano o agente etiológico mycobacterium leprae, segue através da corrente sanguínea ou linfática multiplicando-se nos gânglios, atingindo a pele e a corrente sanguínea, alcança o Sistema Nervoso Periférico tendo preferência por células do sistema retículo-endotelial. Doença altamente contagiosa e infecciosa, não hereditária, de evolução crônica que depende da imunidade celular específica contra o bacilo, evolução lenta e insidiosa, tem sua primeira manifestação clínica na forma de mancha que evolui até a perda progressiva da sensibilidade tátil e dolorosa. A Hanseníase não mata, mas, quando não tratada é causa de incapacidades e deformações físicas.

PALAVRAS-CHAVE: hanseníase, saúde pública, estratégias, nervos periféricos.