**Eye Disease in Leprosy**  
*(Initial Evaluation and Management)*

*(Ratings: A: Most important, B: Moderately important, C: Relevant but not critical*  
**Strength of Evidence:** I: Strong, II: Substantial but lacks some of I, III: consensus of expert opinion in absence of evidence for I & II)

### Initial Exam History
- Ocular symptoms (decreased vision, epiphora, symptoms of irritation) *(A:III)*
- Duration of lagophthalmos (<or>6 months) *(A:III)*
- Duration of leprosy (usually from date of diagnosis) *(B:III)*
- Type of leprosy *(A:III)*
- MDT treatment; what drugs and for how long *(A:III)*
- History of leprosy reactions *(B:III)*

### Initial Physical Exam
- Visual acuity *(A:III)*
- Eyelids and lid closure *(A:III)*
- Corneal sensation *(A:III)*
- Conjunctiva *(A:III)*
- Sclera *(A:III)*
- Pupil *(A:III)*
- Nasolacrimal apparatus *(A:III)*
- Slit lamp biomicroscopy  
  - Corneal epithelial integrity *(A:III)*
  - Corneal nerve beading, stromal opacity *(B:III)*
  - Anterior chamber *(A:III)*
  - Iris atrophy *(A:III)*
  - Iris "pearls" *(B:III)*
  - Posterior synechiae *(A:III)*
  - Cataract *(A:III)*

### Care Management
The main important conditions (cataract, lagophthalmos, anterior uveitis) are managed as for any patient, and people with leprosy should be integrated into the normal eye care service, specifically:
- Cataract should be removed when it adversely affects patient’s visual function *(A:III)*
- IOL is not contraindicated as long as quality of surgery is good and eye is quiet *(A:III)*
- Chronic lagophthalmos should be treated surgically if cornea is compromised or cosmesis is a problem, regardless of severity of lagophthalmos, by whatever procedure the surgeon does best *(A:III)*
- Special considerations in a person afflicted with leprosy include:
o New onset lagophthalmos (duration <6 months) should be treated with oral prednisolone 25-30 mg per day tapered over 6 months. (A:III)
o Acute uveitis should be treated with intensive topical steroid; associated systemic leprosy reaction must be ruled out or treated if present with systemic steroid give dose) (A:III)

Patient Education

- At the end of MDT all patients should be warned that lagophthalmos could develop and understand the risks associated with this. (A:III)
- Patients with residual lagophthalmos must be told about the risk from exposure and specifically warned about development of red eye and decreased vision. (A:III)
- Patients should understand risks to eye during reaction and given explicit instructions on where to report if reaction develops. (A:III)
- All patients should be informed of significance of decreased vision and told to report this to case worker for referral to higher level. (A:III)