Computed tomography (CT) scan of the brain (as done by the authors) is not the best imaging modality to study cerebral blood vessels. Magnetic resonance (MR) angiography and CT angiography are better options, which could have shown the involvement of the internal carotid / middle cerebral arteries as suggested by the patient's clinical presentation. The incidence of ischemic stroke is increased in patients with PXE. In a 17-year follow-up study involving 100 patients with PXE, eight patients were found to have brain stroke.[2] The cause of brain stroke in PXE is small vessel disease rather than large vessel occlusion.[3] Magnetic resonance imaging (MRI) of the brain, rather than CT, would have been ideal to show the changes of small vessel disease in the brain.

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REFERENCES

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REFERENCE

Authors’ Reply
Sir,
We sincerely appreciate the deep interest shown in our article.[1] You have pointed out that fronto-parietal infarct is due to internal carotid / middle cerebral artery involvement and not due to basilar artery. We, working at Government Medical College hospital, have only CT-scan facility and do not have facilities for a MRI scan. In fact our neurologist had suggested a MRI scan as some of the neurological deficits were not due to the involvement of the basilar artery as you have rightly pointed out. However, we could not send the patient for an MRI scan outside the institution due to financial constraints of the patient.

An observation of leprosy situation in Surat district from 2001 to 2006
Sir,
Leprosy is still an important public health problem in India. The National Leprosy Control Program launched in 1955 was redesigned as the National Leprosy Eradication Program (NLEP) in 1983 with the introduction of multidrug therapy (MDT). In Gujarat, the prevalence rate of leprosy decreased from 21.1 per 10,000 (1984-85) to the elimination level (0.95) by 2004 and presently it is 0.89 cases per 10,000 (Jan 2007). An effort was made to evaluate the progress of NLEP in Surat district of Gujarat state by retrospective analysis of data of the last six years (2001-06) collected from the district leprosy center in Surat.

Various indicators applied by different authors[1] were used for analyzing the data. Cases reported during the modified leprosy elimination campaign (MLEC), school health checkup program and block leprosy awareness campaign (BLAC) were also included.

Surat district shows:
A marginal decline in the prevalence rate (from 1.83 in 2001 to 1.44 by 2006) with a substantial reduction (0.84%) in 2004.
A reduction in the new case detection rate from 3.37 (2001) to 1.73 in 2004 but, an increase to 2.57 in the year 2006.
A decline in child cases among new cases of leprosy from 21.5% (2001) to 12.8% (2006).

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