India achieved elimination of Leprosy as a public health program at National Level in Dec.2005. Elimination was defined as attaining a prevalence rate of less <1 per 10,000 population. But Annual New Case Detection Rate <10/10,000 which was to be achieved in 642 districts of the country by March 2017 is true for only 445 districts.

MATERIAL AND METHOD
Government Medical College and Hospital, Amritsar, is a tertiary care and referral centre for the city and adjoining districts. Department of Microbiology receives skin smears for bacillary load from patients suspected of leprosy visiting the Skin and VD department. The samples were obtained from eight sites, namely right and left nasal mucosa, right and left ear lobes, two smears from the edges of active lesions, and two from right and left buttocks each. The slides were stained by ZN staining method and checked for the presence of AFB. Bacteriological Index (BI) was determined for every AFB positive slide and Morphological Index calculated for slides with a BI above 2. The sensitivity of a test is its ability to correctly identify those with the disease (true positive rate) and specificity is its ability to identify those without the disease (true negative rate).

RESULTS
The data for the past five years from January 2012 to December 2016 was analysed in a retrospective manner. A total number of 363 sets of slides were investigated by slit skin smear examination, out of which 114 were found AFB positive. The average sensitivity of the technique was 31.4% in our centre. What was significant in this study was, the very steady and significant rise in the sensitivity of light microscopic technique from 21.2% to 42.35% from January 2012-December, 2016.

TABLE 1: Sensitivity of slit skin smear.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total sets of slides examined</th>
<th>No. of sets of slides found positive</th>
<th>Percentage positivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>66</td>
<td>14</td>
<td>21.2</td>
</tr>
<tr>
<td>2013</td>
<td>75</td>
<td>20</td>
<td>26.7</td>
</tr>
<tr>
<td>2014</td>
<td>94</td>
<td>28</td>
<td>29.9</td>
</tr>
<tr>
<td>2015</td>
<td>43</td>
<td>16</td>
<td>37.2</td>
</tr>
<tr>
<td>2016</td>
<td>85</td>
<td>36</td>
<td>42.3</td>
</tr>
</tbody>
</table>

CONCLUSION
Our centre observed an increasing sensitivity from 21% to 42.35% from Jan 2012 to Dec 2016. The observations made in our study were in

ABSTRACT
Introduction: Conventional diagnosis of leprosy in a tertiary care centre. Objective: To study the sensitivity of Slit Skin Smear (SSS) examination in patients suspected of Leprosy in a Medical College Hospital from Jan 2012-Dec 2016. Method: A retrospective study from Jan 2012 to Dec 2016 was made to study the number of smear positive cases from among the skin samples submitted to the Department of Microbiology, Government Medical College, Amritsar. Smears were collected from eight sites, stained by the ZN method and checked for the presence of AFB under oil immersion lens. Results: Of the 363 sets of slides examined, 114 were found positive. Five year sensitivity on average was 31.4% with a significant increase in AFB positivity noted every year from 21.2% to 42.35%. Conclusion: SSS as a diagnostic tool is increasingly losing its place to molecular tests which are still limited to a few centres. Now that the country has achieved its elimination target of Prevalence Rate of <1/10,000 population, it is imperative to use all resources at our disposal so as not to lose any leprosy patient walking in through our General health services.
concordance with trends noted in our own college earlier and elsewhere in the country. The sensitivity of light microscopic examination of skin smears has been reported in literature to be anywhere from 10-50% with increase in trends over recent consecutive years.

WHO based clinical classification has succeeded tremendously to bring down the scourge of this dreaded disease in endemic areas but bacteriological examination was made irrelevant for the diagnosis and initiation of treatment for Leprosy. Now with the Final Push Strategy for elimination of the disease in place, it needs the expansion of network of people who are able to diagnose and cure leprosy as well as possible basic information about the disease. The Ridley and Jopling and WHO classification has to be used together in the research and referral centres to study the disease pathology, progression, prognosis and risk factors for relapse, to provide standardization and comparability of studies over time and geography. Molecular techniques are replacing conventional diagnostic methods in early diagnosis with remarkable sensitivity but till such time these point of care tests are available everywhere for routine diagnostic use we must not relegate our present resources and skills like SSS examination to history. This is a simple, 100% specific test and needs to be passed to the newer generation of medical students and technicians.

References: