INTRODUCTION: Hypopigmented skin lesions form a major bulk of the patient strata in a dermatology outpatient department, among these leprosy still remains the most stigmatized and one of the common diseases to manifest as a hypopigmented patch or macule. Leprosy is a chronic granulomatous disease caused by Mycobacterium leprae, principally affecting peripheral nerves and skin. The classification of Ridley and Jopling describes five groups based on the immunological response of skin tissue, which is designated Tuberculoid tuberculosis, borderline tuberculoid, borderline borderline, borderline lepromatous and lepromatous lepromatous, each one having a varied histopathological picture.

Aim: The aim of the present study is to analyze hypopigmented skin lesions and establish the level of discordance between clinical diagnosis and conclusive histopathological opinion of hypopigmented lesions in clinically suspected cases of leprosy.

Materials and Methods: A retrospective study of all clinical cases of patients presenting with hypopigmented lesions with provisional clinical diagnosis of leprosy attending the outpatient department of Dermatology at a teaching tertiary care hospital in Navi Mumbai over a period of two years from June 2016 to June 2018. All the patients with provisional diagnosis of leprosy are made to undergo skin biopsy. A four-millimetre skin was taken from lesions under aseptic conditions and the skin biopsy specimens were preserved 10 percent buffered neutral formalin.

Results: Out of 43 patients presenting with hypopigmented skin lesions with a provisional clinical diagnosis of leprosy, 22 patients showed conclusive findings of leprosy on histopathological examination; 16 cases with hypopigmented skin lesions showed non-specific histological findings; three had other hypopigmented dermatoses and two cases showed histological signs of a treated leprosy lesion.

Conclusion: Correlation between clinical, bacteriological, and morphological features is required for accurate classification of Hansen's disease. Clinical detection and morphological diagnosis of early lesions remain challenging, and the histological findings should always be interpreted in correlation with clinical findings.

KEYWORDS
Leprosy, Hypopigmented, Macule, Lesion, Histopathology.
MDT for leprosy, we are yet to achieve the goal of leprosy eradication. It is known that inactive bacilli may persist in nerves of borderline or indeterminate cases for years even after complete treatment. Only when all proven cases of Hansen’s disease undergo regular follow-up after treatment and are diligently screened for bacillary load before labeling them as disease free, we shall be able to realize our dream of making our country free from the scourge of leprosy.

**CONCLUSION**

Correlation between clinical, bacteriological, and morphological features is required for accurate classification of Hansen’s disease. Clinical detection and morphological diagnosis of early lesions remain challenging, and the histological findings should always be interpreted in correlation with clinical findings. Since the impact of finding one new case of leprosy is huge, such diligence is warranted both by the dermatologist as well as by the pathologist.

**REFERENCES**