

A study of cutaneous leishmaniasis in Sri Lanka

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Objectives of the study were to identify the demographical and environmental risk factors for cutaneous leishmaniasis in Sri Lanka and to study the impact of awareness campaign.

A prospective study was carried out over 24 months at the Department of Parasitology, Faculty of Medicine, Colombo. 140 laboratory confirmed (either by direct smear or culture) patients with cutaneous leishmaniasis were included in the study after informed written consent. If a patient was working/ living in a particular area for more than 6 months prior to the onset/ notice of the lesion, it was considered as the likely location from where the infection was acquired. Associated demographical and environmental factors were evaluated by completing an interviewer-administered questionnaire. An awareness campaign was held at the military hospital Anuradhapura and the impact was assessed by using two parameters i.e. time of presentation and the size of the lesion at the time of presentation.

The highest number of patients were from the Anuradhapura district (74). More males than females were affected (male:female = 3:1) with 20-39 being commonest affected age group (65%). 98% of those patients lived in close proximity to jungles. Majority of others was from Matara (20), Jaffna (18), and vavuniya (9). All the patients had potential reservoir hosts in their living environment. Majority of the study population (83%) was living and working in close proximity to forests in their living environment. Mean duration of presentation before the awareness campaign (n=26) was 9 months (range: 7 months to 6 years). The average size of skin lesions was 4 cm. A mean value of 5 months (range: 1 month to 5 years) and an average lesion size of 3cm was observed in 50 soldiers after the awareness campaign.

Patients residing in areas close to jungles (moist deciduous type being commonest in this area) appeared to be mostly affected, indicating the importance of detailed epidemiological studies in this locality. Improvement of public awareness based on health education measures lead to early detection and proper management, which would reduce the chances of complications (eg. scar formation, secondary infection) and possible further spread.

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