004/A

Clinical manifestations of cutaneous leishmaniasis – further evidence from 200 patients

T N Samaranayake[1], P K B Mahesh[2], V H W Dissanayake[3], S D Fernando[1*]
[1]*Department of Parasitology, Faculty of Medicine, University of Colombo*
[2]*Medical Student, Faculty of Medicine, University of Colombo*
[3]*Human Genetics Unit, Faculty of Medicine, University of Colombo*

Cutaneous leishmaniasis (CL), first described in Sri Lanka in 1992, is now recognized to be endemic. The aim of this paper is to add to the growing pool of information on CL in our population with further evidence from 200 new patients recruited prospectively from October 2004 to August 2006 for an ongoing study into genetic susceptibility to CL. The diagnosis of CL was based on demonstration of the presence of the parasite in cutaneous lesions by lesion aspirate, slit skin smear or culture. The clinical history, examination findings and investigation results were recorded and analysed. The patients were from 11 districts in Sri Lanka. A majority of 83 (41.5%) were from the Matara district. 143 (71.5%) were male. Ages ranged from 4 to 80 years [median age 32]. All were Sinhalese. A total of 225 cutaneous lesions were observed in these patients [mean 1.1 (range 1 to 4)]. The lesions were distributed over upper limb [114 (50.6%)], head and face [67 (29.7%)], lower limb [240 (10.6%),] back [12 (5.3%)], chest [7 (3.5%)] and abdomen [1 (0.4%)]. Of these lesions 136 (60.4%) had been present for less than 6 months, 218 (96.9%) displayed an onset and progression typical of localized CL [starting as a papule, enlarging, and subsequent ulceration], 129 (57.3%) were ulcerated, 131 (58.2%) were dry, 94 (41.8%) were wet, 186 (82.7%) were non itching, 205 (91.1%) were non tender, and 16 (7.1%) were secondarily infected. The surrounding skin was indurated, hypopigmentated, hyperpigmented, or erythematous in 112 (49.8%), 103 (45.8%), 24 (10.6%), and 70 (31.1%), respectively. Twenty eight (12.4%) had satellite lesions and 5 (2.5%) had local lymphadenopathy. None had systemic features. Five (2.5%) reported similar lesions in the past which had healed spontaneously; 6 (3%) had diabetes mellitus; 11 (5.5%) had at least one other family member affected with CL. Multiple lesions were more likely to be of the dry type (P=0.008) and more likely to be associated with local lymphadenopathy (P=0.008) but were not associated with diabetes mellitus (p>0.05). The clinical characteristics observed in this group was similar to that described in previous studies done in Sri Lanka in 2002 on 65 patients. When cases are ascertained passively, it underestimates the true occurrence of the disease in a population, however, it is interesting to note that almost all those who deemed it fit to seek treatment for their condition were Sinhalese. In addition, those with multiple lesions were more likely to have affected relatives (P =0.002). This point

towards enhanced susceptibility to the condition among certain ethnic groups and/or individuals determined possibly by genetic factors.

*deepfern@slt.lk Tel: 2507333