CUTANEOUS LEISHMANIASIS: ADDITIONAL EVIDENCE FOR ENDEMICITY

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Leishmaniasis is caused by many species and subspecies of the protozoan parasite *Leishmania*. The phlebotomine sand fly acts as the vector. In man, the infection appears in one of three forms: visceral, cutaneous or mucocutaneous. For decades, in Sri Lanka, leishmaniasis was considered as an imported disease. This, however, changed in 1992 with the detection of the first case of cutaneous leishmaniasis in a Sri Lankan male who had not traveled abroad. Since then cases have been reported sporadically and a recent report indicates the detection of over 60 cases within a short period suggesting that the infection is endemic.

In this paper, we present additional information for endemicity of cutaneous leishmaniasis in Sri-Lanka. Forty-seven clinically suggestive patients, with no history of foreign travel, who presented to the Dermatology units in Teaching Hospitals of Kandy and Kurunegala between June 2001 and July 2003, were examined in the Department of Parasitology, Faculty of Medicine, and Peradeniya for confirmation of the disease. Diagnosis was based on visualization of the parasite in Giemsa stained smears and /or isolation in culture. Material from skin lesions for diagnosis was obtained under strict aseptic conditions.

Diagnosis of cutaneous leishmaniasis was confirmed in 32 of the 47 patients (68%). These patients were from Kandy, Matale, Kurunegala, Anuradhapura, Vavuniya and Jaffna districts. Of these 21(65%) were males and 11 (35%) were females. The ages ranged from 3 to 70 years. Among these patients, there were 11 schoolchildren, 3 housewives, 7 service personnel and 11 outdoor workers, mostly farmers. Lesions were found on head and neck area (68%), upper limbs (12%), lower limbs (12%), and the trunk (8%). All lesions were painless and nonpruritic. The duration of the lesion up to the time of diagnosis ranged from 1 to 18 months. Seven patients had multiple ulcers whilst 25 (78%) showed only a single lesion. Satellite lesions due to local lymphatic spread were observed in 4 patients. None of these patients showed regional lymph node enlargement. Most lesions were dry. There were nodular lesions and open ulcers and almost all had some degree of induration and scaling. The size of the lesions varied from 0.5cm to 3cm in diameter.

Findings of this study suggest the view that cutaneous Leishmaniasis is endemic in Sri Lanka. In addition, the fact that the disease was encountered in people who were closely associated with the scrub jungle suggests the possibility of it being a zoonotic disease.

Financial assistance by the University Research Grant RG/2002/47/M is acknowledged.