Atypical clinical presentation of visceral leishmaniasis

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Visceral leishmaniasis (Kala-azar) is a zoonosis characterized by fever, splenomegaly, pancytopenia and hypergammaglobulinemia. It is a common cause of fever of unknown origin in patients with human immunodeficiency virus (HIV) disease. In these patients, visceral leishmaniasis is considered an opportunistic infection. We report the case of an HIV-negative patient with visceral leishmaniasis presenting atypically without fever or splenomegaly.

A 86-year old male was admitted to our hospital because of anemia-related symptoms. He reported sporadic contacts with domestic animals. He had not been pyrexial during the last months and physical examination did not reveal hepatosplenomegaly. Blood tests showed: hemoglobin 7.7 g/dL, hematocrit 0.23 L/L, MCV 75 fl, ferritin 289 ng/mL (#30-300), transferrin 25 µmol/L (#23-43), serum iron concentration 6.7 µmol/L (#10-28), leukocyte count 2.6 × 10^9/L, platelets 96 × 10^9/L and polyclonal hypergammaglobulinemia (gammaglobulins 30 g/L). Bone marrow aspirate smears revealed an increased cellularity with reactive plasmocytosis and a very high number of Leishmania sp, most of them within reticuloendothelial macrophages (Figure 1). Prussian blue reaction showed iron deficiency and oral iron therapy was initiated. HIV serology was negative while anti-Leishmania indirect fluorescent antibody titer was positive (titer 1/1,920). Eμglumine antimoniate (Glucantime®) 20 mg/kg/d was given for 20 days and produced good clinical and biological responses.

References