

# Cutaneous Leishmaniasis in Sri Lanka

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## Summary

Two patients with Cutaneous Leishmaniasis, presenting to the department of dermatology of the General Hospital Colombo, are described. These infections had been probably acquired in the Middle East. Cutaneous Leishmaniasis in Sri Lanka has been reported only once previously, again as an imported disease<sup>1</sup>.

## Introduction

Though several species of the vector of Leishmaniasis, Phlebotomas, has been identified in Sri Lanka<sup>2</sup>, no cases of the disease being acquired in Sri Lanka have been reported. A case of Visceral Leishmaniasis in a foreigner and post kala azar dermal Leishmaniasis in an immigrant from India have been previously reported<sup>3</sup>. One previous case of Cutaneous Leishmaniasis, in a person returning from work in the Middle East, has been reported from Sri Lanka<sup>1</sup>.

## Case Reports

### Case 1

A 37 year old male truck driver, residing in close proximity to Colombo, presented with a nonhealing skin lesion on the left subscapular region of 7 years duration. He had first developed

a small pustule in 1979, 6 months after beginning work in Iraq. This gradually increased in size and became an nodule. This had healed after treatment in that country, but had recurred in 1981 and healed again, leaving scars. In 1987 he presented with a 2.5 cm diameter hyperpigmented lesion with multiple papules in the periphery. This was surrounded by a 5 cm scarred indurated area. The entire lesion was about 7 cm in diameter, non ulcerative indurated and dry.

### Case 2

A 42 year old female attendant who had returned to Sri Lanka from Saudi Arabia in the previous month, presented with multiple erythematous and hyperpigmented plaques of 3 months duration. They started as erythematous papules which gradually increased in size to become erythematous, nodular, indurated lesions of 1.5 cm diameter each. Some of the lesions showed central depressions with scale and crust formation. The lesions were distributed on the nose, face, fore and upper arms.

## Laboratory diagnosis

In all cases, fluid aspirated by needle puncture of the periphery of the lesions, was smeared on a slide, and fixed and stained with Giemsa. Microscopic examination revealed a number of leucocytes, a small proportion of which showed intracellular amastigotes in both cases. Culture on NNN medium

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demonstrated the promastigotes in 4 to 10 days in case 1.

Histological examination of the skin biopsies of these lesions showed a dermal and subcutaneous granulomatous lesion consisting of histiocytes, giant cells and areas of necrosis. A few intracellular structures resembling amastigotes were seen in some areas.

### Discussion

Both these patients suffered from cutaneous leishmaniasis caused by *Leishmania Tropica*. In case 1 the

infection had lasted for several years. It is evident that the infection in both these patients had been acquired in the Middle East.

### REFERENCES

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