Atypical clinical presentation of visceral leishmaniasis

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Visceral leishmaniasis (Kala-azar) is a zoonosis caracterized by fever, splenomegaly, pancytopenia and hypergammaglobulinemia.[1-3] It is a common cause of fever of unknown origin in patients with human immunodeficiency virus (HIV) disease.[4,5] 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 reticulo-endothelial 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). Meglumine antimoniate (Glucantime®) 20 mg/kg/d was given for 20 days and produced good clinical and biological responses.

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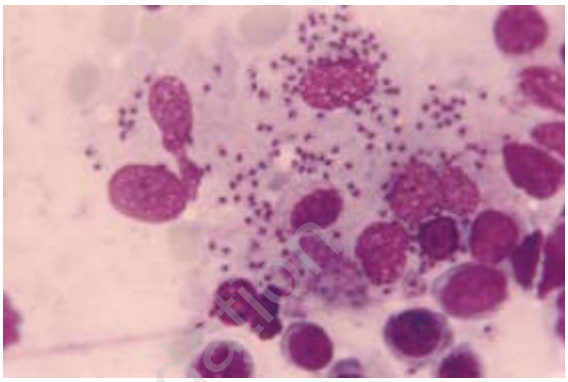

Figure 1. Bone marrow aspirate smear. *Leishmania sp* within reticulo-endothelial macrophages. Note the platelet clump to compare with the sharper and stronger staining of *Leishmania sp*). May-Grünwald-Giemsa x100.

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