

A patient with longstanding pancytopenia and hepatosplenomegaly

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July 21, 2022

Abstract

Leishmaniasis is a common cause of pancytopenia and hepatosplenomegaly in tropical and sub-tropical regions. A high index of suspicion is required to diagnose and manage patients with leishmaniasis. History of travel should always be elicited in patients with suggestive clinical presentation.

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Abstract

Leishmaniasis is a common cause of pancytopenia and hepatosplenomegaly in tropical and sub-tropical regions. A high index of suspicion is required to diagnose and manage patients with leishmaniasis. History of travel should always be elicited in patients with suggestive clinical presentation.

Written informed consent was obtained from the patient to publish this report in accordance with the journal's patient consent policy

Case Summary

A patient presented with a five-month history of progressive body weakness, dizziness, night sweats and weight loss. He had normal vital signs except a fever of 38.1⁰C. On examination, he had punctate oral sores, pallor, massive splenomegaly (10cm), and hepatomegaly (4cm). Hemogram showed marked pancytopenia. Bone marrow aspirate was hypercellular spicules with increased plasma cells and numerous amastigotes extracellularly and intracellularly within reticuloendothelial cells (Figure 1, Figure 2). The patient was confirmed to have visceral leishmaniasis with a positive history of travel to a leishmania endemic region in Kenya. He was started on Sodium stibogluconate intravenously at 20/kg/day for 28 days and showed excellent recovery.

Leishmaniasis is common in tropical and sub-tropical areas and is caused by vector-borne protozoal parasites of the genus *Leishmania*. It is transmitted through the bites of infected haematophagous female sandflies

(genera: *Phlebotomus* and *Lutzomyia*). Clinical presentation can be variable depending on the type of species and nature of immune response elicited^{1,2}. The most common clinical presentation includes systemic or disseminated disease and cutaneous and mucosal lesions. The diagnosis requires a high index of suspicion in a patient with consistent symptoms in the proper epidemiological context requiring a combination of clinical, parasitological, molecular and serologic tests.

Insert Figure 1

Insert Figure 2

Funding statement

No funding sources to declare.

Data availability statement

The data that support the findings of this study are available on request from the corresponding author

Conflict of interest disclosure

None

Permission to reproduce material from other sources

Not applicable

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