

EXPERIENCE OF THE DIAGNOSIS AND TREATMENT OF VISCERAL LEISHMANIASIS IN PEDIATRIC POPULATION AT UNIVERSITY CLINIC FOR CHILDREN'S DISEASES IN THE PERIOD 1990-2023

Iliev B. , Trajkova- Antevska Z. , Kocheva S. , Jovanovska A, Petkovska I.

Department of Haematology and Oncology; University clinic for Children's diseases, Skopje

Visceral leishmaniasis (Kala – Azar) , is a vector borne disease caused by a protozoan of the Leishmania genus complex. A phlebotomus/ sand fly transmits the parasite from person to person or via animal reservoir. The infected person may express mild to severe clinical manifestation but there are five obligatory characteristics : organomegaly (massive splenomegaly and moderate hepatomegaly), prolonged fever, anemia, thrombocytopenia, dysproteinemia/ hypergammaglobulinemia. The diagnostic methods were: demonstration of amastigotes in bone marrow aspirate(BMA), IFAT or Real time PCR . The treatment until April 2019 was with Glucantime-D, after that with liposomal Amphotericin B.

In the period of 1990 to 2023 on the UC for Children's diseases, were diagnosed and treated 101 children with VL. The analysed data is regarding age, sex, clinical presentation and treatment. 80% are under age of 5, equal gender presentation, mainly from Skopje, Strumica, Prilep, Debar and Kumanovo. The dominant symptom was prolonged high fever -83 %, anemia- 92%, thrombocytopenia or pancytopenia -85%, hypergammaglobulinemia- 80 %, hepatosplenomegaly -60% .Diagnosis was confirmed by BMA in 90% , IFAT in 10%, hepatic or lymph node biopsy -4% ,PCR – 2 %. Glucantime was applied in 74 patients, Amphotericin B – 13 pct.

Macedonia is an endemic area for VL . It always should be taken in consideration when having a child with prolonged fever and organomegaly followed by hematological cytopenias. The diagnostic method is simple and the treatment is highly effective .

md Blagorodna Iliev

075/317-448

Mail : blagorodna.iliev@hotmail.com