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Sandhya Venkataraman DO

Lehigh Valley Health Network, Sandhya.Venkataraman@lvhn.org

Lalita Shastry MD

Lehigh Valley Health Network, Lalita_G.Shastry@lvhn.org

Luther Rhodes III MD, FACP

Lehigh Valley Health Network, Luther-pat.Rhodes@lvhn.org

Jarrold W. Kile RPhD

Lehigh Valley Health Network, Jarrod_W.Kile@lvhn.org

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A Rare Case of Complicated Cutaneous Leishmaniasis

Sandhya Venkataraman, DO,* Lalita G Shastry, MD,** Luther Rhodes, MD,** Jarrod Kile, RPh**

*Department of Internal Medicine, **Department of Infectious Diseases, Lehigh Valley Health Network, Allentown, Pa.

ABSTRACT

We report a case of leishmaniasis in a Syrian refugee living in the U.S. Experience in using pentavalent antimonials is limited in the U.S., but we suspect cases of leishmaniasis will rise given increased migration from Syria. We describe our clinical experience with focus on IV Pentostam.

CLINICAL VIGNETTE:

A 54 year old female Syrian refugee presented for evaluation of a recurrent lesion on her nose. She was reportedly diagnosed with cutaneous leishmaniasis on her nose and right arm in Syria prior to immigrating to the United States.

On examination, she had a lesion on her nose and tender left cervical lymphadenopathy. The lesion on the nose was biopsied and sent to the CDC with PCR confirmation of *Leishmania tropica*, the species endemic to Syria.

Because of the location of the lesion, associated lymphadenopathy and lack of approved topical treatments, we decided in consultation with the CDC that she warranted systemic treatment with intravenous Pentostam.

Generalized side effects include nausea, vomiting, fatigue, headaches and abdominal pain. Hepatotoxicity is noted in up to 75% of patients on therapy. Chemical pancreatitis is common with high lipase values; however, patients without clinical signs of pancreatitis do not need to stop the medication.^{1,2,3}

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She was admitted and started on IV Pentostam every 24 hours. The nasal lesion and cervical lymphadenopathy resolved within a few days of treatment.

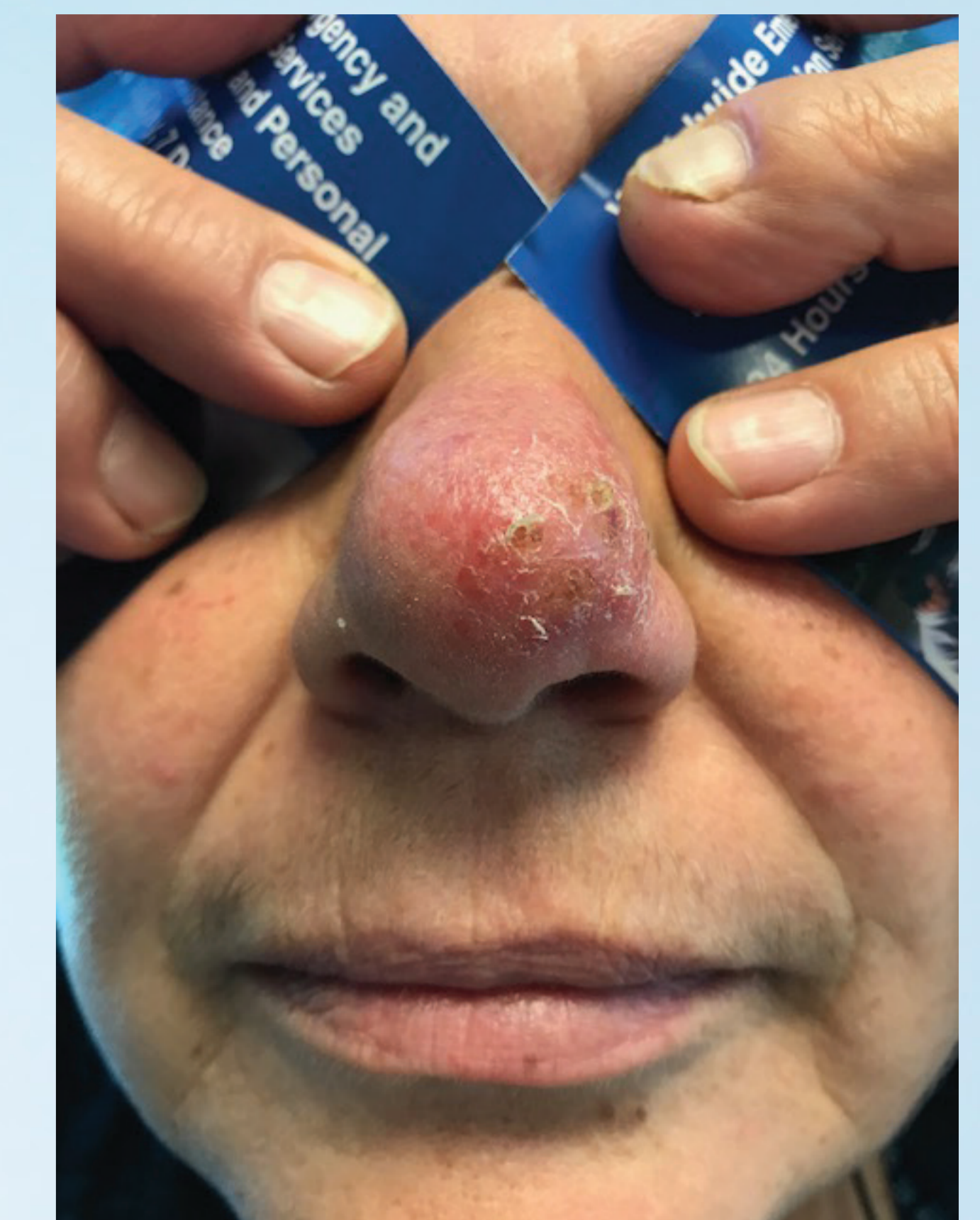
However, she developed multiple side effects of Pentostam. She had chemical pancreatitis with lipase levels up to 3000. Since she had no clinical signs of acute pancreatitis, treatment was continued. She also developed transaminitis with ALT of 444. Treatment was held for five days with improvement of ALT. When Pentostam was restarted with cessation of pravastatin and acetaminophen, transaminitis did not recur. She continued to experience fatigue, as well as a severe right shoulder bursitis after a minor fall and dysesthesia of her hands. Since symptoms had resolved but side effects persisted, treatment was discontinued on day 10 out of the total of 20 days. In follow up several months after treatment, she remains free of recurrence but continues to have residual side effects, including EMG-confirmed peripheral neuropathy.

DISCUSSION:

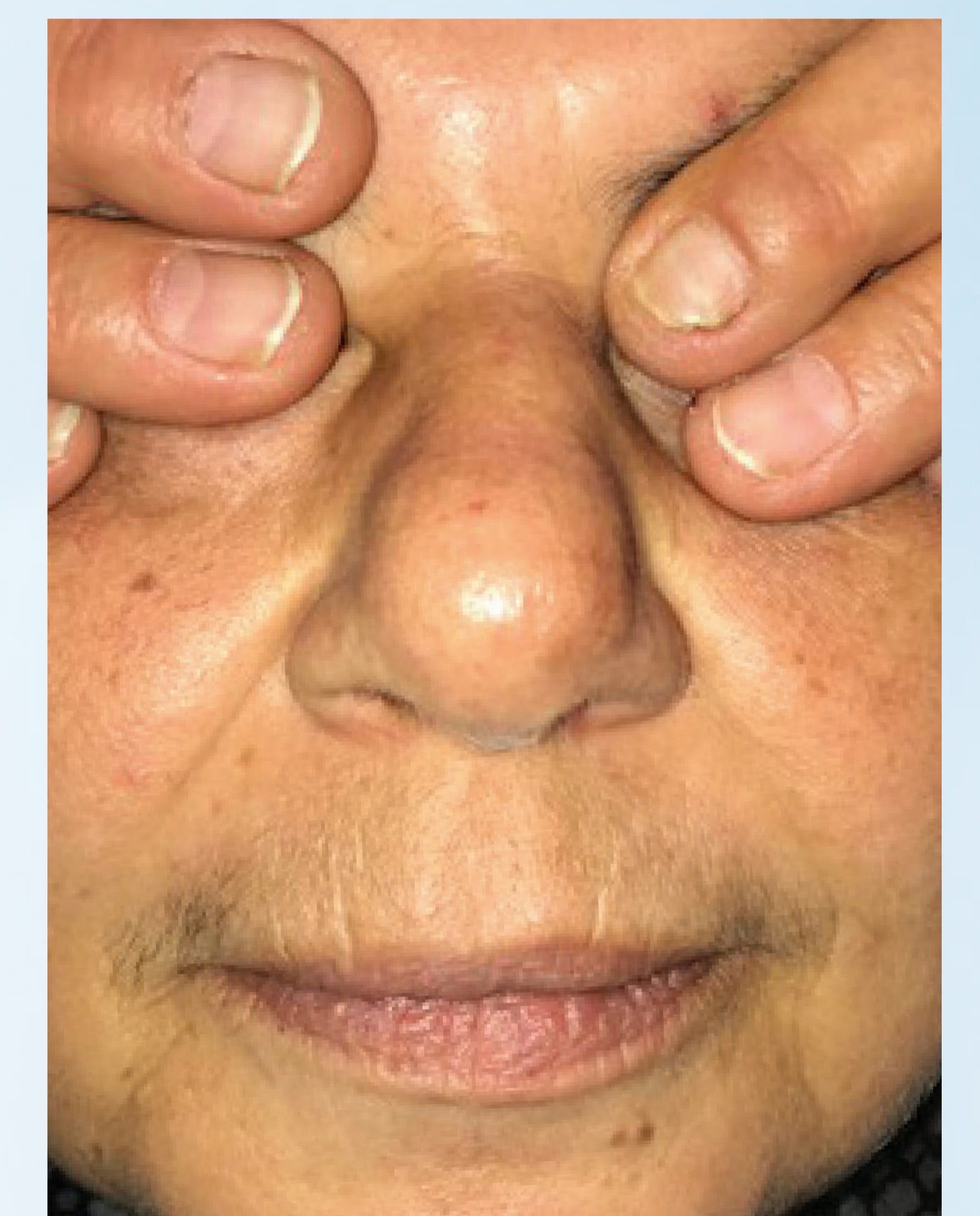
Leishmania tropica is endemic to Syria and is associated with cutaneous leishmaniasis.⁴ The civil war in Syria has resulted in breakdown in infrastructure and pest control, resulting in significant rise of leishmaniasis.⁵ With the sharp increase in refugees migrating to the US and the increase in overall incidence of leishmaniasis in Syria, we are likely to see more cases.⁶

Our patient experienced many of the common side effects as well as unknown reactions to Pentostam. Although the chemical pancreatitis was alarming to note, there were no signs of clinical pancreatitis. The transaminitis was more worrisome. We recommend that patients be off of all hepatotoxic drugs prior to starting Pentostam. She also had EMG-confirmed neuropathy which lingered several months after treatment. Peripheral neuropathy as a side effect of Pentostam has been reported only once before in the literature; we believe our patient to be the second reported case.⁷ A potential side effect of bursitis was discovered that was not mentioned in the protocol. She remains free of relapse despite only getting 10 days of treatment; this suggests that shorter course may be appropriate on a case-by-case basis.

Our goal is to stress the importance of provider familiarity with disease identification and management with Pentostam. Standardization of treatment is essential in managing these patients due to the high risk of severe complications.



BEFORE



AFTER