

# A clinical quiz that turns heads

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This column is aimed at developing your clinical acumen. A clinical quiz will alternate with a short discussion of a clinical sign. You are invited to send us requests for future topics and to provide photographs of clinical signs for the quiz section. Kindly send a fax or email with your requests and mail high gloss photographs or a disk with high resolution (300dpi) jpeg files to us. (See contact details above). Photographs may include clinical signs, photographs of poisonous insects, plants snakes, contaminated water or anything that may cause sickness or disease in South Africa. Kindly provide a short clinical synopsis of 100-200 words from which a quiz can be formulated.

**A 47 year old contractor returns from a six month stay in Iraq. He has been well during the course of his visit to the Middle East. He attends the local travel clinic for booster vaccines and asks about a lesion on his right forearm (See attached photo). It started as a small papule that developed an erythematous halo. He has no symptoms but is concerned about it expanding.**

- Question 1: What is the diagnosis ?
- Question 2: What is the vector ?
- Question 3: What is the treatment?
- Question 4: What advice is given for prevention?

quiz



## Answer

### ANSWERS

Question 1: What is the diagnosis ?

Answer: Cutaneous Leishmaniasis (Oriental Sores)

It takes a few weeks from the inoculation of the Leishmaniasis, by the vector, to the establishment of the skin nodule. The lesions are single or multiple, located on any exposed part of the body. They progressively expand and may be painless or tender. Usually they heal on their own over a period of a few months, up to about eighteen months. Giemsa stained smears from scrapings or aspirates from the edge of the skin lesions reveal the non-flagellated (amastigote) form of the obligate intracellular protozoan parasites.

Question 2: What is the vector ?

Answer: The Sandfly

The sandfly is of the Phlebotomine family. The female is responsible for spreading the disease in many tropical countries in South and Central America, Africa, Middle East and the Indian sub-continent. Different species of Leishmaniasis are associated with specific locations. The sandfly is about the size of a regular mosquito, flies silently and is most active from dusk to dawn which combine to make it difficult to detect. Their preferred habitat is rural, ranging from rain forests to dry environs and they usually rest in trees,

Question 4: What advice is given to prevent Leishmaniasis?

Answer: Avoid sandfly contact. Prevention is primarily by limiting nocturnal outdoor activities and avoiding sandfly bites by utilising personal protection in a manner similar to avoiding mosquito bites. Staying sheltered and covered, DEET (N,N diethylmetatoluamide) is an effective repellent and the use of permethrin impregnated bed nets and clothing is beneficial. Fine mesh bed nets are preferable because of the sandflies small dimensions.

Question 3: What is the treatment?

Treatment options are limited. Usually an antiseptic ointment is applied or a course of antibiotics is prescribed if secondary infection is suspected. The application of heat pads at 40-42 C, accelerates the healing of the ulcer. There are other options such as pentavalent antimonials and antimonials which have limited success.

Leishmaniasis spp. and infect humans during a bite. fed on warm blooded animals such as forest rodents and dogs which host the derelict buildings, stone walls and rubbish heaps. They will bite if disturbed and