A 42-year-old female patient admitted to the hospital with fatigue, non-productive cough and pancytopenia was detected. The patient was started on ambulatory methylprednisolone treatment considering autoimmune cytopenias but referred to our clinic due to the addition of fever and skin lesions. Physical examination revealed fever (39°C), widespread erythematous, indurate skin lesions (Fig 1) and hepatosplenomegaly (liver: 22 cm, spleen: 21.5 cm). Beside pancytopenia (wbc:0.5 x10^3/uL, neu:0.13 x10^3/uL, Hb:6.6 g/dL, plt:10 x10^3/uL), elevated lactate dehydrogenase (478 IU/L), ferritin (>2000) and inflammatory markers was remarkable in laboratory examinations. Bone marrow aspirates were hypercellular and numerous Leishmania donovani amastigotes of parasite characterized by double dot appearance were seen in histiocytes and extracellular field. (Fig 2). With diagnosis of visceral leishmaniasis (VL) liposomal amphotericin B treatment started and her fever decreased within a few days. Her blood count was normal and both liver and spleen were nonpalpable at the end of the month. Further serological investigations and PCR studies identified Leishmania infantum from both bone marrow and skin samples.
Visceral leishmaniasis is sporadically seen in Turkey with a total incidence of 25-30 patients per year mainly in Aegean, Mediterranean, and Central Anatolia Regions (2) but very rare in West Black Sea Region. The patient did not have a history of traveling outside the province in the last 6 months, and to our knowledge, this is the second case reported from Zonguldak (3), but it is reported that the distribution of disease may change with the increase in refugees(1). It is important to detect amastigotes in bone marrow aspirates of patients presenting with cytopenia and splenomegaly, especially since it is known that symptoms such as fever can develop late or be insignificant.

References