

Leishmaniasis in Yemeni children

Yemenli çocuklarda Leishmaniasis

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Letter to the Editor

I enjoyed reading the paper entitled "Clinical and hematological manifestations of visceral leishmaniasis in Yemeni children" by Hamid and Gobah in the recent issue of the Turkish Journal of Hematology [1].

Their documentations in Aden University were similar to our findings in 156 children with visceral leishmaniasis (VL) in İhsan Doğramacı Children's Hospital at Hacettepe University in Ankara [2,3]. I would like to share our experiences with the authors, especially in the prevention and treatment of the disease. They stated that "It is essential that the Ministry of Public Health be more aware of the condition in order to impose environmental sanitation and personnel protective measures and establish diagnostic laboratories for early and correct diagnosis and treatment." In my observation, this attitude is fairly common in the developing country universities. Actually, I believe the universities should be involved in the country's problem.

We initiated a program with the Turkish Ministry of Health for the prevention of the disease in an area called Mut, from where most of our patients originated. With the active surveillance of our two residents, phlebotome eradication was accomplished in a relatively short period of time.

Although liposomal amphotericin B is the most often advised treatment for VL currently, our results with meglumine antimonate (MA; glucantime), which began with a dose of 20 mg/kg/day for 3 days, was increased to 30 mg/kg/day for 3 days and/or then increased to 60 mg/kg per day for 2 weeks, for a total of 20 days) followed by pentamidine isethionate (PI) every other day for a total 15 doses (2.5 mg/kg/day), gave better results, and is much cheaper [4-6], an important factor for the developing countries. In general, any treatment should be effective, applicable, practical, ethical, economical and ecological. Of course the cheapest approach would be the eradication of the sandfly, which will prevent the dissemination of VL.

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Author Reply

To the Editor,

I agree with Professor Özsoylu about awareness of the Ministry of Public Health and the universities to improve the diagnosis, treatment and prevention of visceral leishmaniasis. At this time we are lucky, because the Minister of Public Health is a Professor of Pediatrics and was Rector of Aden University. During a short period, he initiated strong challenges to activate control programs for leishmania, malaria, tuberculosis, bilharziosis and many other programs, and we thank him for his response to our recommendations.

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