

## VISCERAL LEISHMANIASIS IN CHILDREN HOSPITALIZED FOR HEPATOSPLENOMEGALY

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**Background:** Visceral leishmaniasis, also known as kala-azar, is a vector borne disease caused by the protozoan parasite, *L. donovani*. It is endemic in areas bordering the Mediterranean Sea. Untreated visceral leishmaniasis has fatal course. Therefore, early diagnosis and specific therapy with pentavalent antimony drugs are mandatory.

The aim of this study was to analyze patients hospitalized for investigation of hepatosplenomegaly that turned out to be visceral leishmaniasis.

**Material and methods:** This retrospective study was carried out at University Children's Hospital Skopje, Macedonia - Department of Gastroenterohepatology in 2011-2012. Data were analyzed for age, gender, place of residence, clinical symptoms, investigations, treatment and outcome.

**Results:** During 2 years period 4 patients were included. Mean age was 17,5 months (range 6 months to 2,5 years), 75% were female. The main clinical signs and symptoms of the patients were hepatosplenomegaly (100%), abdominal distension (75%) and fever (50 %). Anemia was the most frequent hematological abnormality found in all patients, mean hemoglobin value  $86.2 \pm 17.3$  g/l. Trombocytopenia was present in half of the patients. Elevated liver enzymes were present in 75%, AST  $181,0 \pm 190,1$ U/l , ALT  $106,2 \pm 106,0$  U/l and hypergamaglobulinemia in 50% of the patients. The diagnosis was made by detecting leishmainias in bone marrow aspirate associated with positive serology. All patients were treated with meglumine antimonate (glucantime), achieving rapid clinical and laboratory response.

**Conclusion:** Visceral leishmaniasis is an existing infection among children in Macedonia. It should be considered in differential diagnosis of hepatosplenomegaly with or without fever.