Oral Cavity Manifestation of Visceral Leishmaniasis

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INTRODUCTION

Leishmaniasis is a disease caused by approximately 21 of 30 known protozoan Leishmania species. Military personnel deployed to endemic regions are at increased risk of contracting the illness through the bite of the sandfly. Infected individuals with the visceral form of the disease commonly present with fever, progressive spleen and liver enlargement, weight loss and pancytopenia. We report a case of visceral leishmaniasis manifesting as a chronic tongue ulceration with glossodynia.

DISCUSSION

Diagnosis is made definitively by histopathologic and direct agglutination tests (DAT) are also useful for diagnosis. A urine antigen test is available as well as a Leishmania skin test.

A 49 year old male veteran with history of overseas deployment during Operation Desert Storm and Iraqi Freedom presented to the VA ENT clinic with complaints of a slowly enlarging oral tongue lesion and associated pain. Initial biopsies performed in the clinic revealed squamous papillomatous changes with candidiasis and acute on chronic inflammation. When the patient failed to improve with medical management including antiseptics and antifungals the decision was made to perform a midline partial glossectomy with primary closure. Pathologic evaluation of the specimen revealed extensive intracellular microorganisms consistent with leishmaniasis. Further testing including rK39 antigen ELISA confirmed the diagnosis. The patient was started on liposomal amphotericin B and discharged home after demonstrating marked improvement in pain and oral intake. At the patient’s 2 month follow up he had an approximate 20 pound weight increase and near complete healing of the oral tongue wound.

REFERENCES

TABLE

**Table 1:** Summary of Case Presentation

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**ABSTRACT**

We report a case of visceral leishmaniasis in a veteran presenting as chronic tongue ulceration. The signs, symptoms, epidemiology and current treatment of the disease are discussed.

**CASE PRESENTATION**

A 49 year old male veteran with history of overseas deployment during Operation Desert Storm and Iraqi Freedom presented to the VA ENT clinic with complaints of a slowly enlarging oral tongue lesion and associated pain. Initial biopsies performed in the clinic revealed squamous papillomatous changes with candidiasis and acute on chronic inflammation. When the patient failed to improve with medical management including antiseptics and antifungals the decision was made to perform a midline partial glossectomy with primary closure. Pathologic evaluation of the specimen revealed extensive intracellular microorganisms consistent with leishmaniasis. Further testing including rK39 antigen ELISA confirmed the diagnosis. The patient was started on liposomal amphotericin B and discharged home after demonstrating marked improvement in pain and oral intake. At the patient’s 2 month follow up he had an approximate 20 pound weight increase and near complete healing of the oral tongue wound.

**REFERENCES**


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