

VISCERAL LEISHMANIA

2nd of June 2025

Admission other hospital

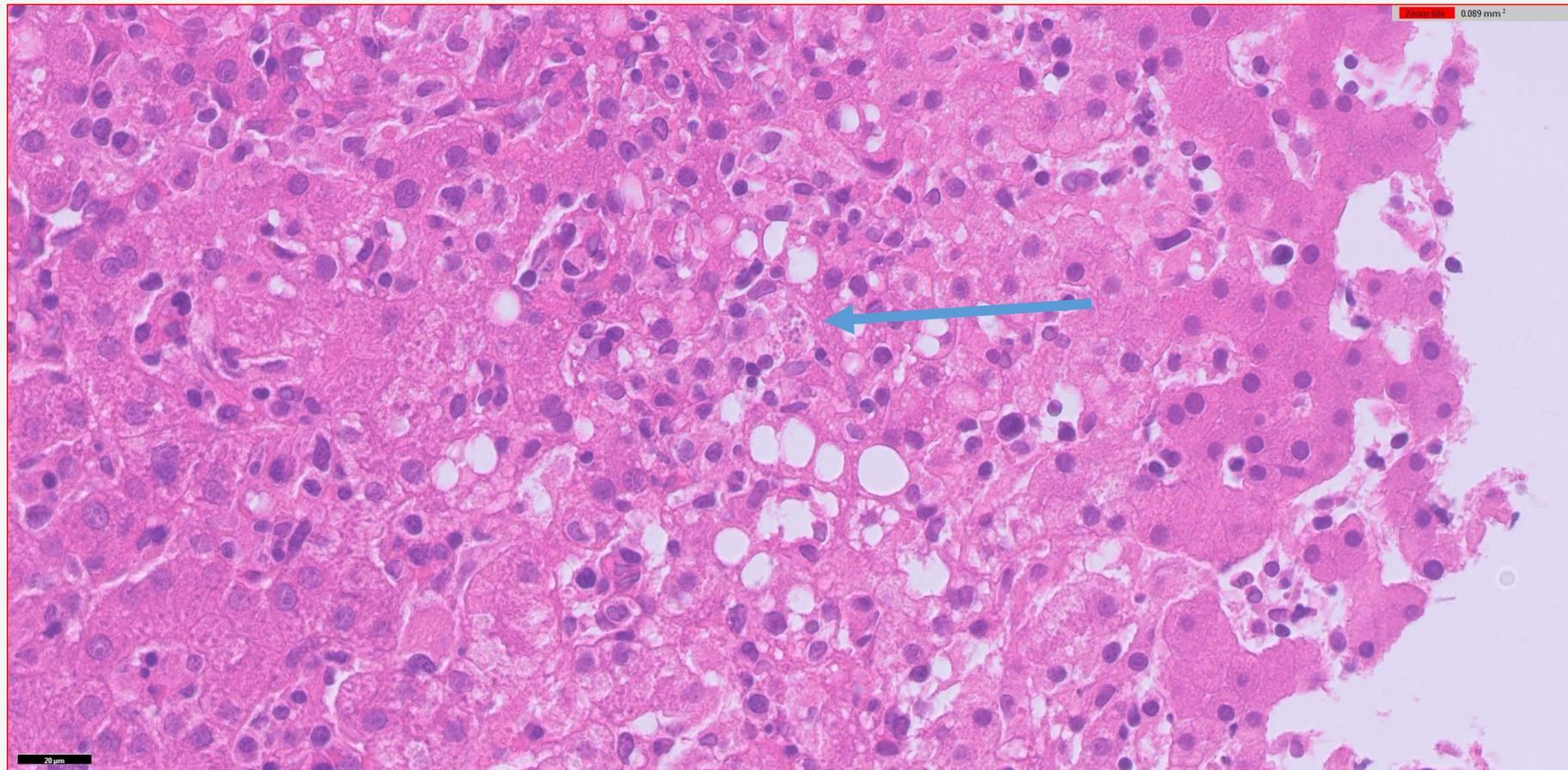
- Tiredness and fever
- Icterus, weight loss
- Travelled recently to Portugal and Spain
- CT abdomen : large spleen (19,5 cm)
- Elevated liver tests + pancytopenia
- Serology hepatitis A / B / C / E : negative
- HIV/syphilis/CMV/EBV/leptospirosis : negative
- Referral University Hospital Antwerp

CHEMIE > LEVER-GAL				
Bilirubine Totaal	5.72	mg/dL	0.20-1.20	^
Bilirubine Direct	4.10	mg/dL	0.00-0.50	^
ASAT	134	U/L	5-34	^
ALAT	148	U/L	<55	^
GGT	175	U/L	12-64	^
Alkalische Fosfatase (AF)	444	U/L	40-150	^

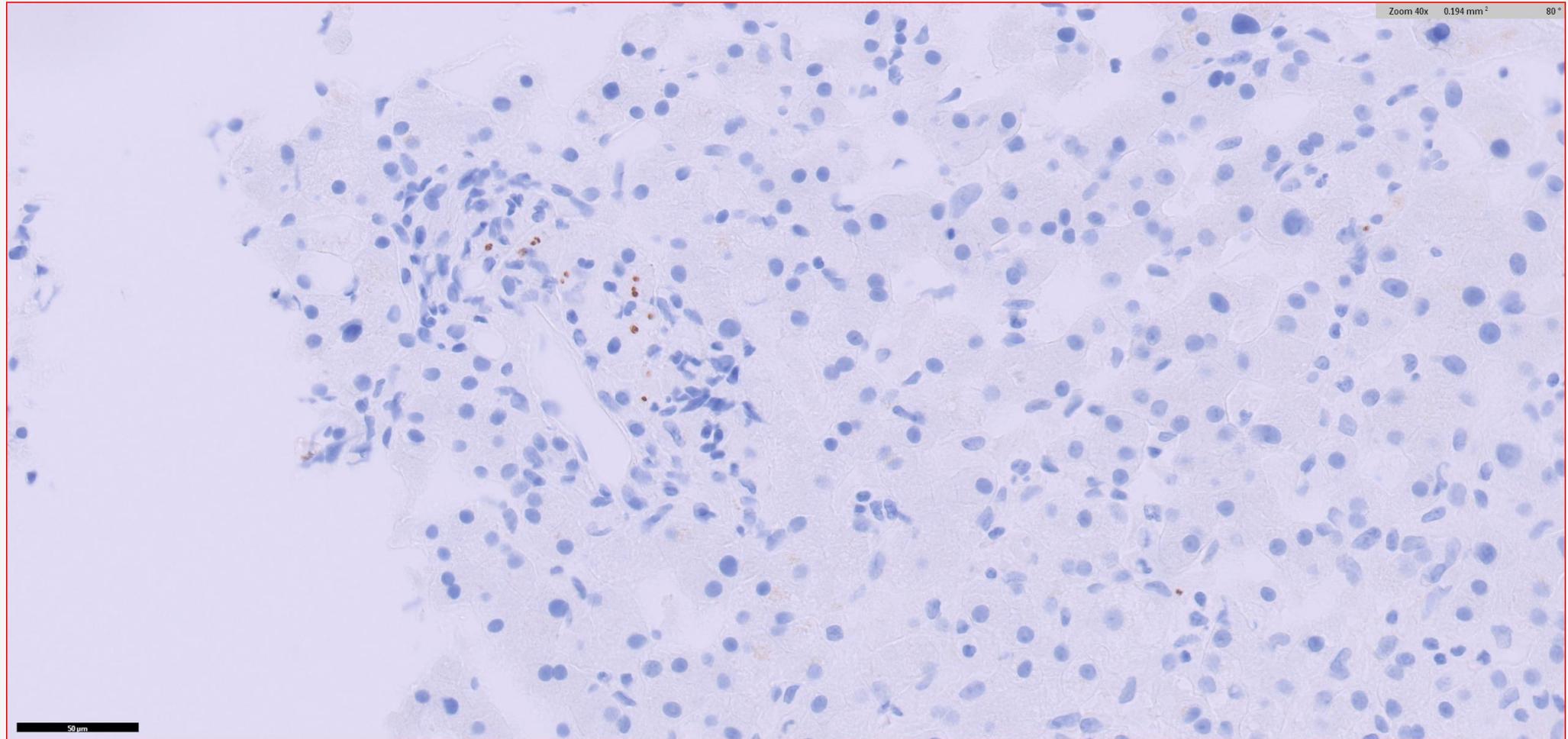
CHEMIE > PANCREAS			
Lipase	13	U/L	0-60

CHEMIE > HART/SPIER				
CK	11	U/L	30-200	v
LDH	471	U/L	<248	^

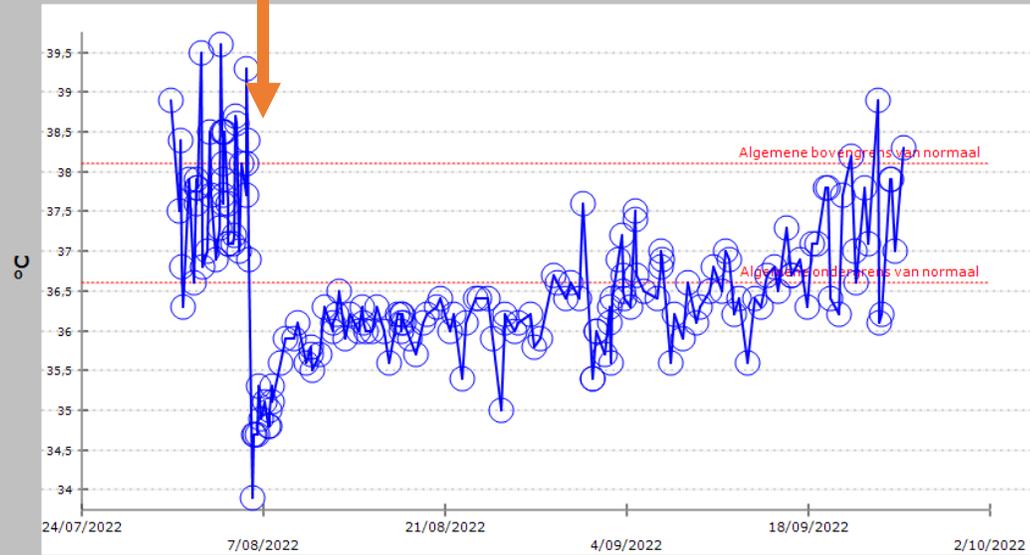
Liverbiopsy



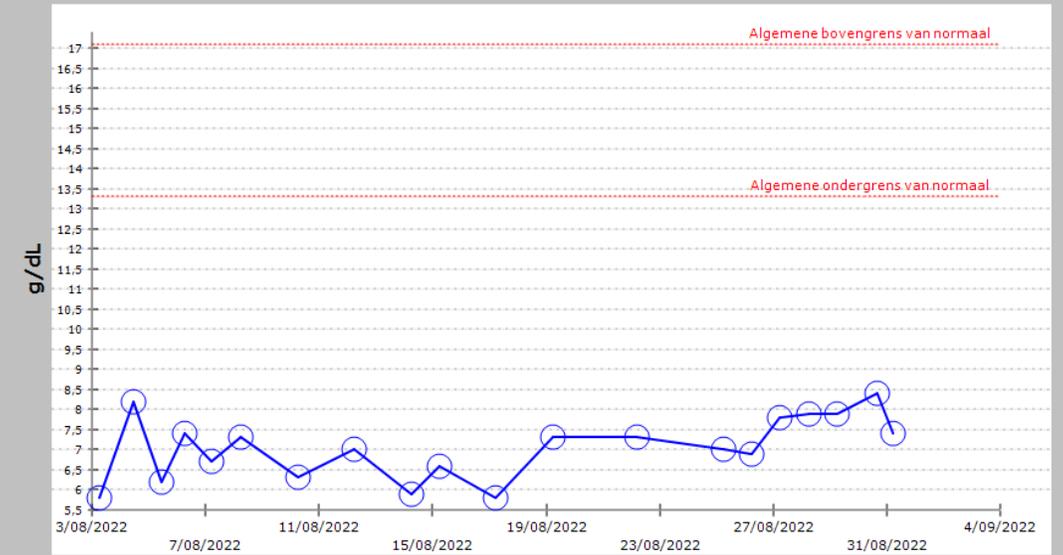
CD1a IHC coloration



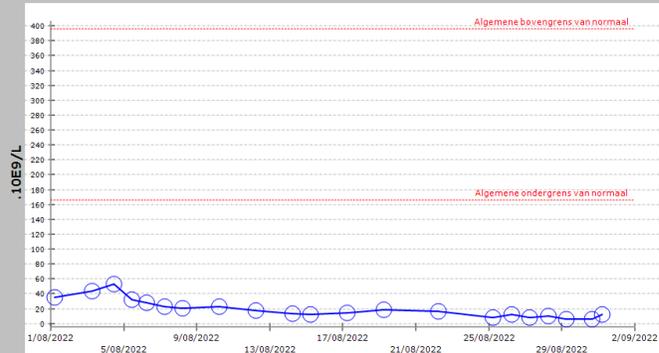
Temperatuur oor



Hemoglobine



Trombocyten



Auto-immune hemolytic anaemia
(Coombs pos)
+ auto-antibodies for trombocytes

Persistent trombocytopenia
=> Trombopoetin receptor agonist

Herpes keratitis



Aciclovir



BAL
Stenotrophomonas maltophilia
(4 days later)



Levofloxacin



Stop Dexa

Probable
aspergillose
(1 day later)



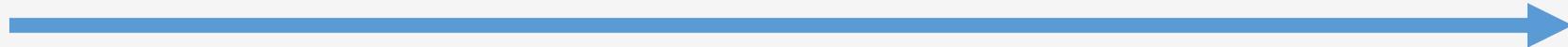
Voriconazole



Bone marrow biopsy
(2 weeks later)
Amastigotes



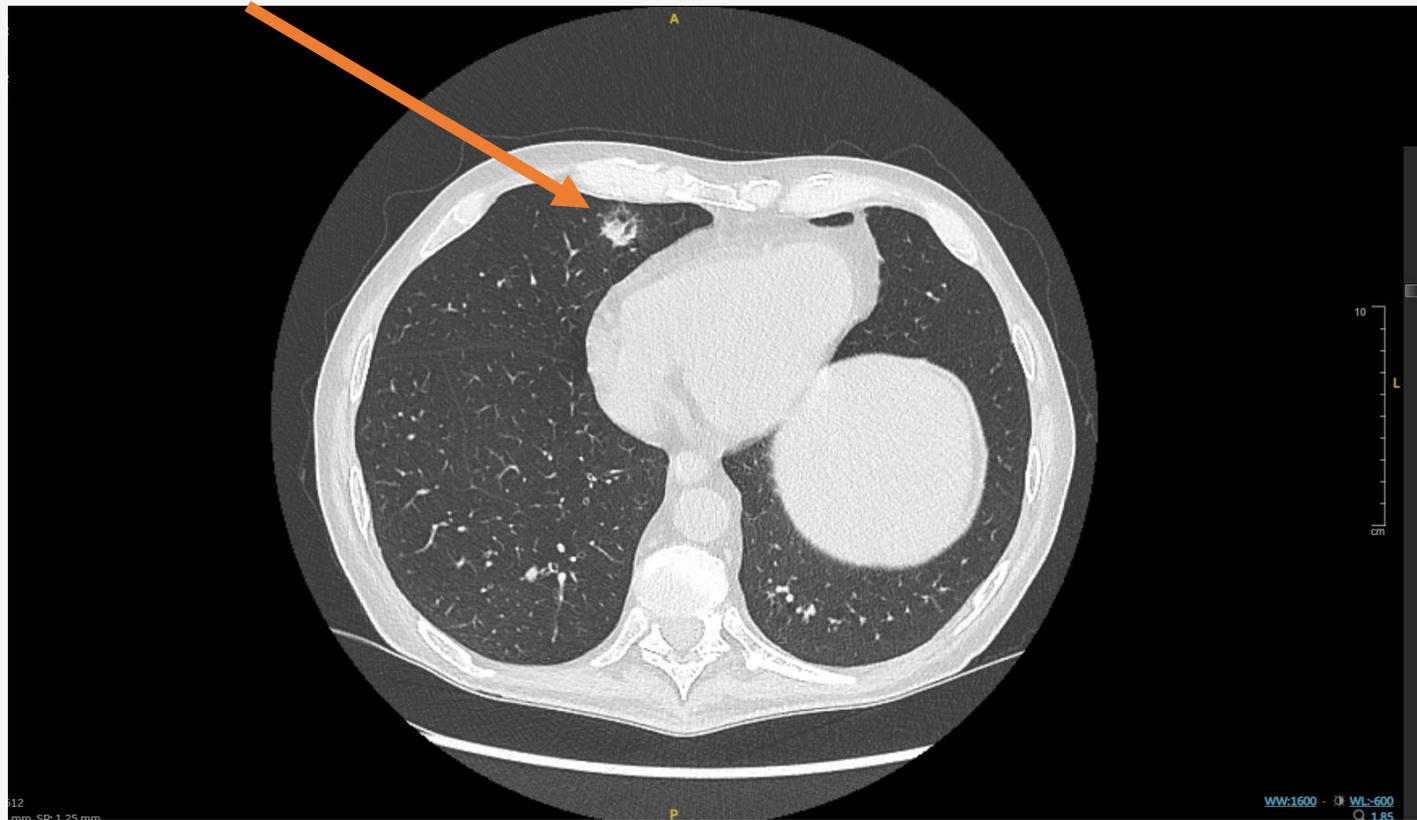
Ambisome
40 mg/kg



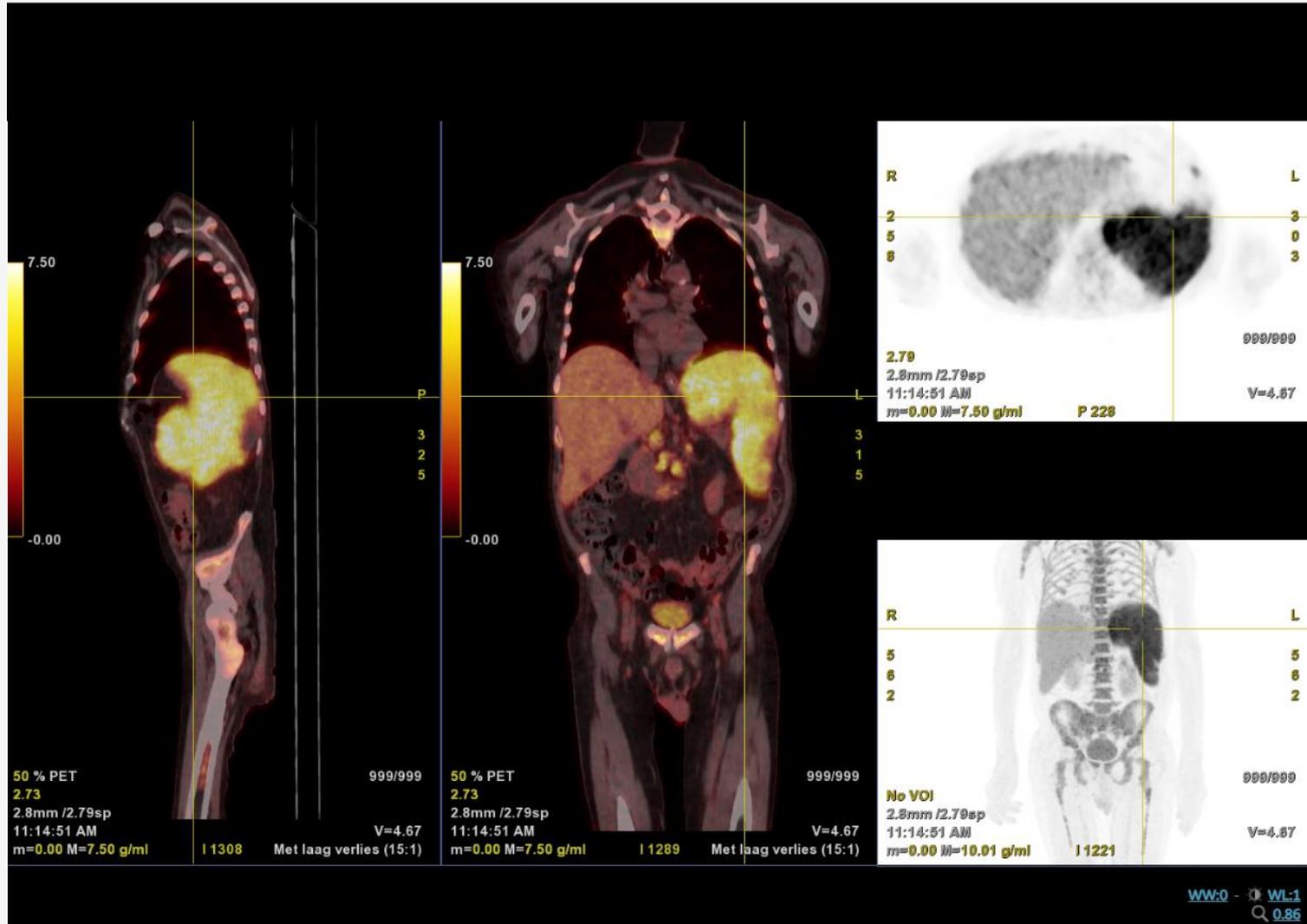
CT thorax

Probable aspergillosis :

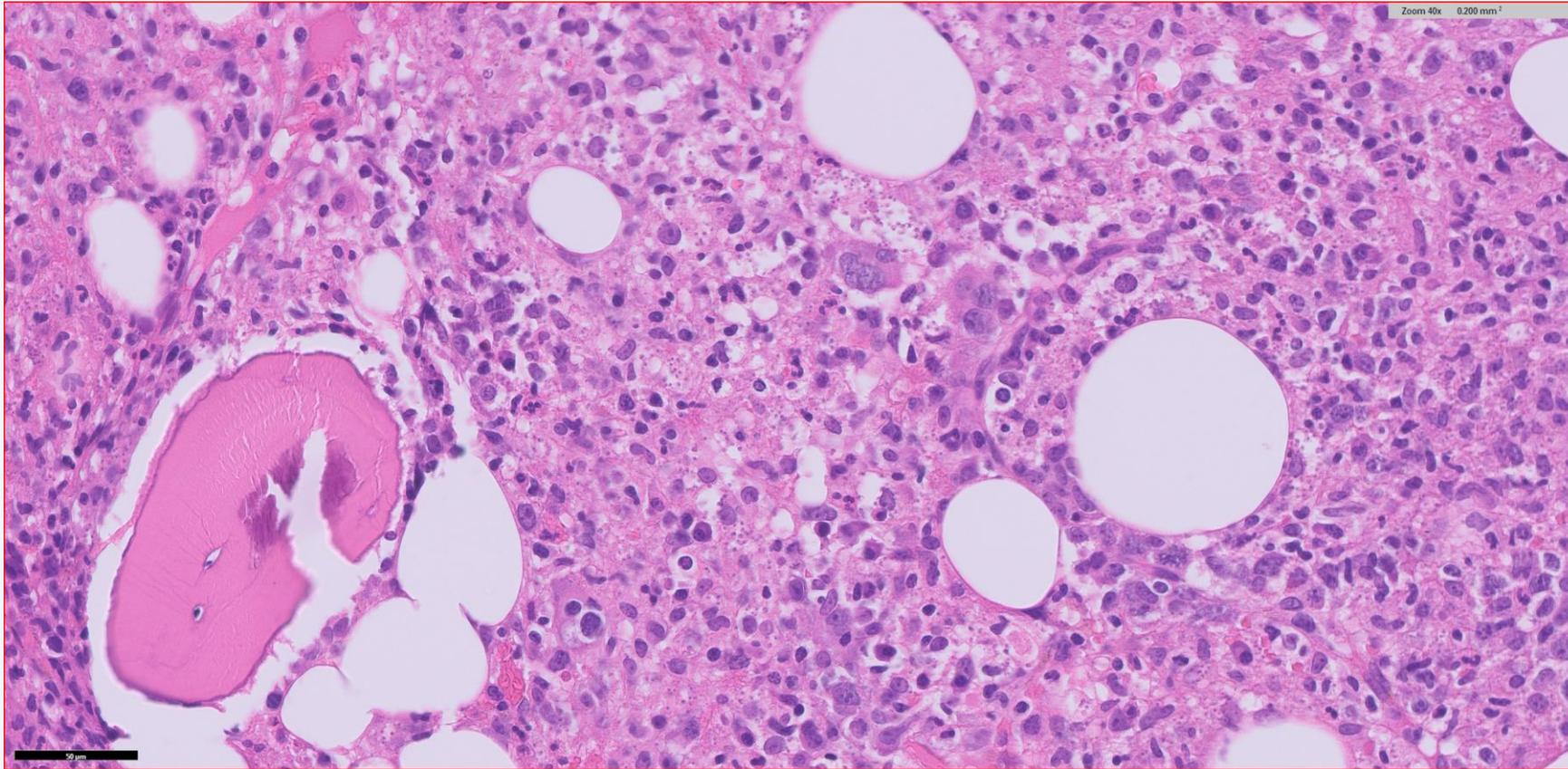
- Host : prolonged use of steroids
- Clinical : crescent sign on CT
- Mycological : Galactomannan on BAL twice negative



Pet CT



Bone marrow biopsy



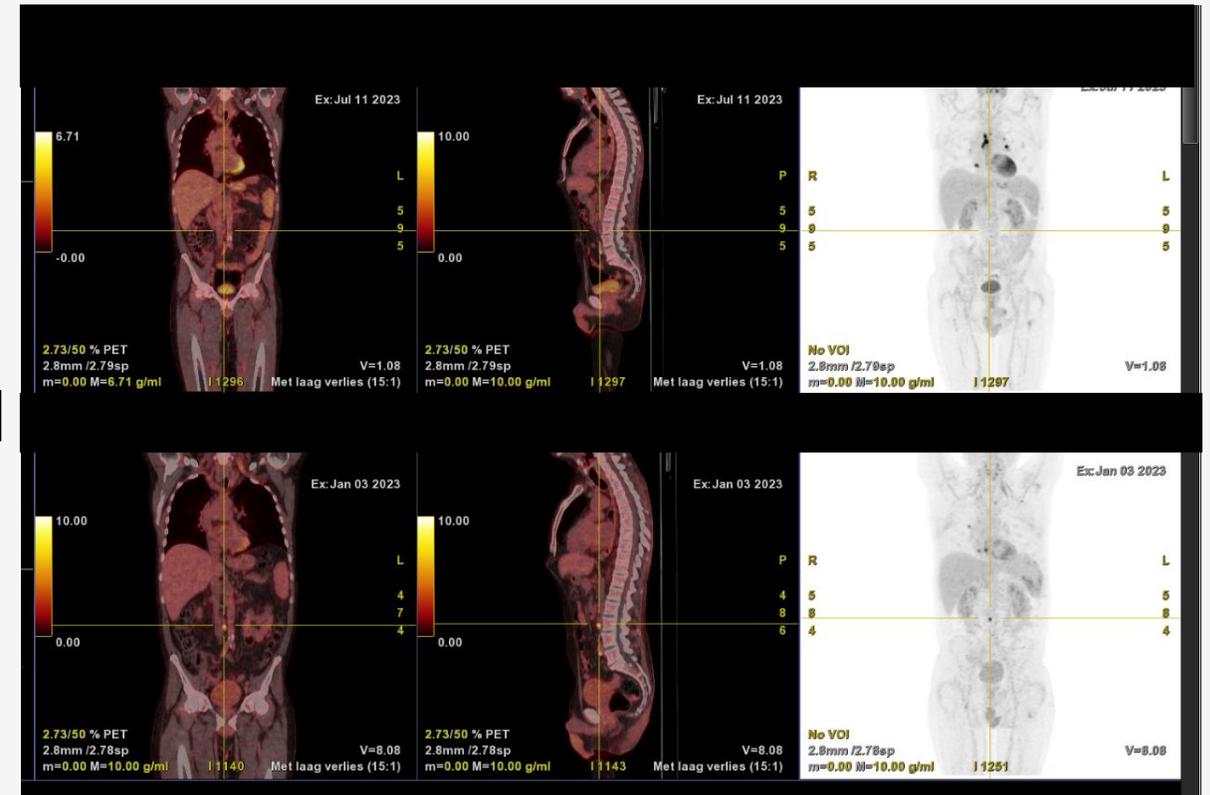
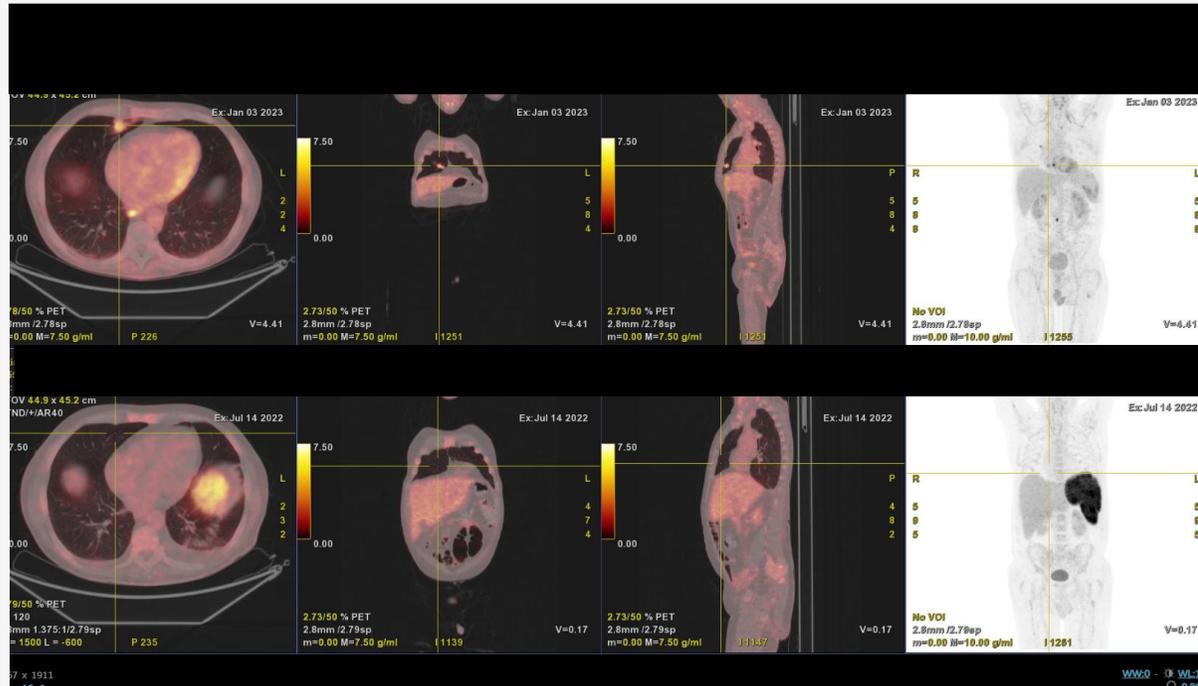
Treatment with Ambisome 40 mg/kg
+ Dexamethason for HLH

Why relapse ?

- Delay in diagnosis ?
- Immunosuppression ?
- Reservoir in the spleen ?
- Underlying malignancy ?

=> Chronic Myelomonocytic Leukemia
(CMML)

Follow-up PetCT 4 months 10 months later

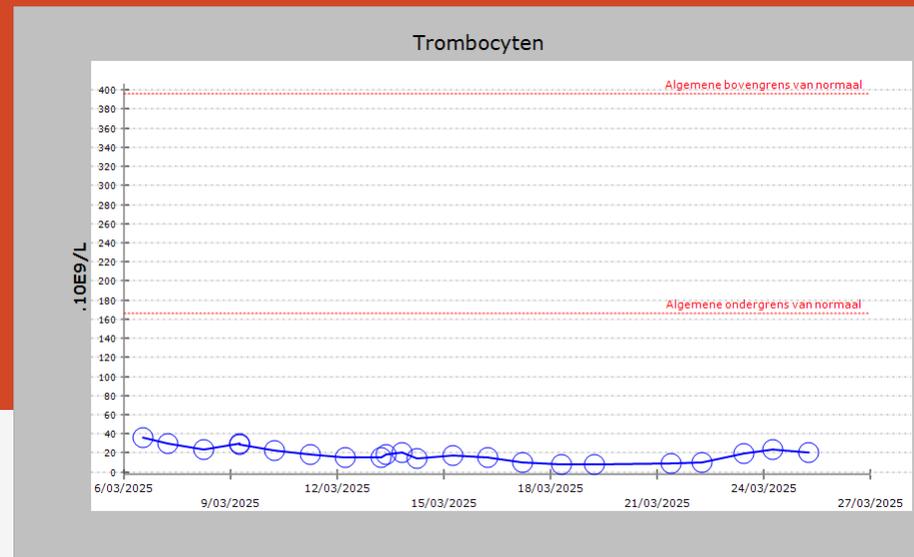


Readmission 1 year later

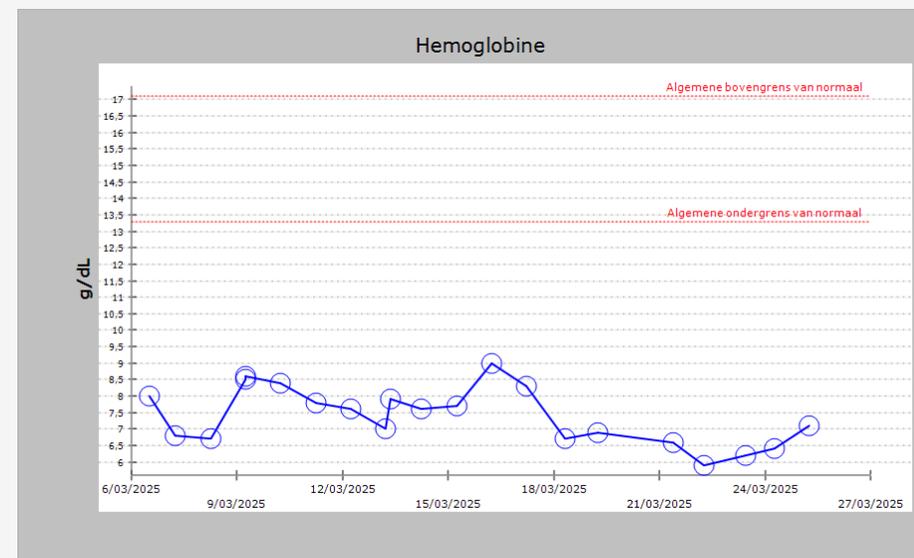
- Fever with exhaustion, cough and night sweats
- Bone marrow biopsy : PCR Leishmania negative
- CT lungs : thoracic + abdominal lymphadenopathy
- Mediastinoscopy + biopsy : Leishmania neg / CMML neg

Readmission 2 years later

- Fever, weight loss after trip to Thailand
- Pancytopenia
- Hepatosplenomegaly
- Serological work-up : negative
- Bone marrow biopsy : Histologically negative for Leishmania
- BUT : PCR Leishmania positive



Anti-HPA auto antibodies against trombocytes



Coombs positive auto-immune hemolytic anaemia

Bone marrow biopsy

Microscopie

Synoptische rapportering beenmergen:

- aantal intertrabeculaire ruimten, minstens partieel bewaard (> 6 is optimaal): representatief
- uitgevoerde histochemische kleuringen: HE, GS-BB
- leeftijd-gecorreleerde cellulariteit: hypercellulair, de celrijkdom wordt geschat op 80%.
- verhouding, distributie en uitrijping hematopoïetische reeksen:
 - Megakaryocyten: normaal vertegenwoordigd met enkele simpele en kleine vormen.
 - Witte reeks: prominent aanwezig en linksverschoven met een beperkte en onvolledige uitrijping, cfr. MPO
 - Rode reeks: normaal vertegenwoordigd, gelegen in compacte erythronen en toont geen opvallende rijpingsstoornissen of vormafwijkingen.
- botstructuur: normale botstructuur, geen tekenen van osteoporose.
- gradering myelofibrose volgens WHO: graad MF 0.
- percentage blasten: geen CD34+ blasten
- distributie en percentage lymfoominvasie: enkele CD3+ aggregaten. CD20 toont een enkel klein aggregaat.
- percentage plasmacellen (schatting): morfologisch niet toegenomen.
- CD1a toont geen Leishmania.
- Er zijn enkele foci van hemofagocytose.
- Geen granulomen, geen voor infectie verdachte zones.

[Redacted]

Klinische gegevens:	PCR leishmania op beenmerg
Materiaal:	Beenmerg
* PCR Leishmania (doorgestuurd):	Positief
* PCR Extern:	Niet ingezet
	Typing Leishmania (Reeds uitgevoerd op [Redacted] Leishmania infantum)

Informatie over parameters en methodes: zie labogids <http://labogids.uza.be/Pages/Inleiding.aspx>

- Treatment : 6 days: Ambisome 4 mg/kg/day

followed with : Glucantime 20 mg/kg/day

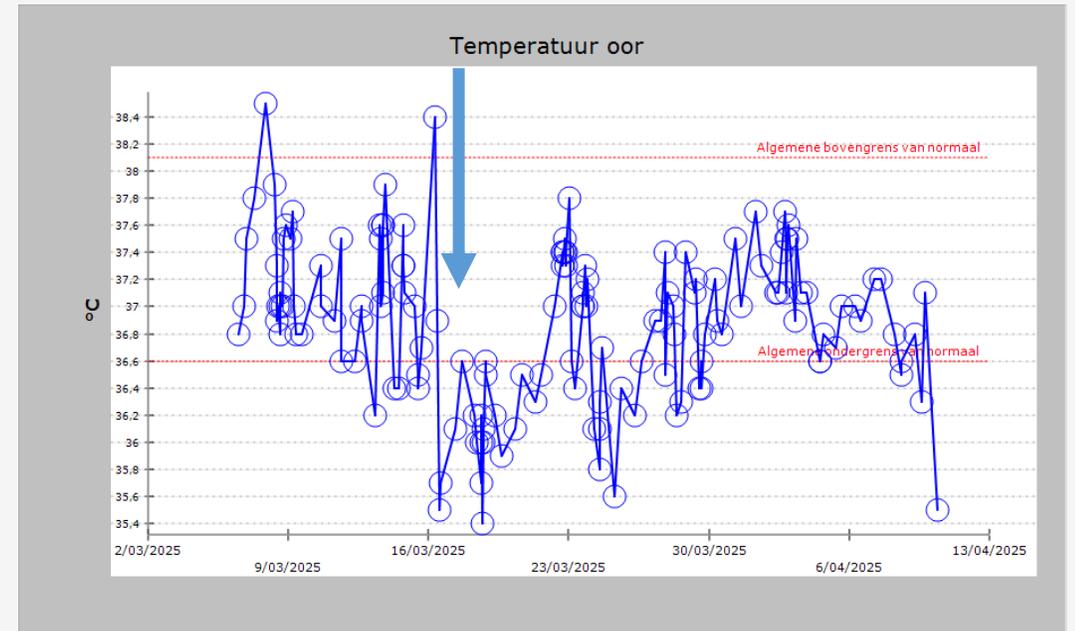
3 week later : Miltefosine

- Severe hypo-K -> central venous access

- Day after starting miltefosine : Hypotension – hypoxia
– hypoglycaemia - GCS 3/15 – lactate 8

- Septic shock : Piperacilline – Tazobactam – Amikacine
- Vancomycine

- CT brain – thorax – abdomen : no focus



- Laparotomy to exclude intestinal ischaemia => negative
- Start antidote for Glucantime : DMPS (UNITHIOL)
- Severe septic shock with multi-organ failure, not responding to vasopression and broad spectrum antibiotics.
- Patient dies on the 3 years after initial presentation

° **Materiaal:** Bloed via diep-veneuze katheter
 ° **Aerobe kweek:** Serratia marcescens (positief na 14.3 uur)
 ° **Positief voor** Granulicatella adiacens

Antibiogram

1. Serratia marcescens		Hoge Dosering		Hoge Dosering	
Amoxi/clav	R	Aztreonam	S		
Temocilline	I	Meropenem	S		
Pip/tazo	S	Amikacine	S		
Cefuroxime (parenteraal)	R	Ciprofloxacine	S		
Ceftriaxone	R	Co-trimoxazole	S		
Ceftazidime	R				
Cefepime	S				

S:sensitief I: sensitief mits hoge dosering R: resistent

° **Anaerobe kweek** **Positief voor** Serratia marcescens (positief na 15.8 uur)

Bone marrow past year

- * July: PCR positive for *L. infantum*
- * Aug: PCR positive for Leishmania (CT 25.11)
- * Oct: PCR positive for Leishmania (CT 21.58-26.99)
- * Nov: PCR positive for Leishmania (CT 40.42)