



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

CLINICAL AND THERAPEUTIC ASPECTS OF CUTANEOUS LEISHMANIASIS IN CHILDREN

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Introduction: Leishmaniasis is a zoonosis caused by a flagellated parasite of the *Leishmania* genus. In children, we distinguish 3 clinical forms: visceral, cutaneous (CL), cutaneous-mucous. The objective of our work is to study the epidemiological and therapeutic profile with CL.

Patients and methods: This is a retrospective study including cases of LC in children in the Dermatology Department of the Military Hospital in Tunis from January 2003-August 2018.

Results: We collected 34 cases. The average age was 7 with sex ratio of 1.26. The predominant clinical form was the ulcero-crusted form (58%) followed by the erythematous-crusted form (32%). Only 3 cases had nodular lesions. The number of lesions ranged from 1 to 10. Ninety percent of the lesions were located in open areas. Three patients were wrongly treated as impetigo. Eight children had received meglumine antimoniate (MA) intra-lesionally either for abnormalities of the pre-therapeutic assessment or for a number of lesions inferior to 4 with a good tolerance. Eight children received intramuscular MA at 60 mg / kg / day, of whom five had adverse events during the first 4 days. A child had a maculopapular rash after 2 days. Two other children had an inflammatory placard at the injection site. Fever and chills were noted in 2 patients. Six patients received MA at a dose of 30 mg / kg / day without undesirable effect. Two patients with contraindications to MA received metronidazole for 15 days.

Conclusion: In both adults and children, the common clinical presentation is the ulcero-crusted form. However in children, the clinical presentation is sometimes misleading. MA is the standard treatment for CL. In our study, MA is better tolerated at a dose of 30 mg / kg / day. Larger scale studies are needed to confirm its safety and efficacy.

