Clinical and Other Notes.

A CASE OF INFANTILE KALA-AZAR

BY

Captain M. G. PHILPOTT
Royal Army Medical Corps

The opportunity to see the Mediterranean type of kala-azar, as it occurs in children, is rare in the United Kingdom. The following case, which was demonstrated at the Western Command Monthly Clinical Meeting held at Military Hospital, Chester, on June 9, 1948, seems worth while reporting.

S. W. (aged 7 years) was seen at the Medical Outpatient Department on May 26, 1948, and admitted the same day for investigation. She had been in good health until two months previously when she began to appear off-colour. She would not eat, was miserable and testy, seemed to have lost weight and complained of headaches.

The patient was born in Malta, of an English father and a Maltese mother. She had lived all her life in Malta and was still there at the onset of the symptoms. During April 1948 she was admitted to the Families Wing at the Military Hospital in Malta, where a clinical diagnosis of kala-azar was made. Her blood-count showed a leucopenia and there was some anaemia. Sternal puncture revealed no abnormality but no other investigations were made. On the diagnosis treatment was commenced with pentavalent antimonials and two injections had been given before she came to the United Kingdom in May.


Family Medical History.—Mother and father alive and well. Two sisters alive and well. One sister alive with tuberculous hip disease.

Examination on Admission.—A tired pale child. Thin and looking rather ill. Weight, 48 lb. Mucous membranes pale. Eyes, mouth, tongue, throat, neck, chest and heart all normal. Abdomen: Liver and spleen enlarged almost down to the umbilicus, both firm and not tender. Limbs normal. No lymphadenopathy.

Investigations.—Temperature: an evening rise (99-101° F.). E.S.R. 45 mm./1st hr. W.B.C. 4,000/c.mm. (repeated) (polys. 27 per cent, lymphos. 67 per cent, monos. 5 per cent, eosinos. 1 per cent, basos. 0 per cent); Hb. 70 per cent; R.B.C. 3-9 million/c.mm.; C.I. 0-9. Blood film—no abnormality seen. Sternal puncture—no abnormality seen. Blood Kahn negative. Chest X-ray—N.A.D. Plasma proteins—total 9-0 grammes per cent. Albumin 3-2 grammes per cent. Globulin 5-6 grammes per cent. Fibrinogen 0-2 grammes per cent. Napier’s formol-gel test positive. Blood culture for Leishmania positive. (Chopra’s test was not performed.)

The results of the investigations prove conclusively the diagnosis of leishmaniasis. There can be no doubt that the infection was contracted from sandfly bites while the patient was resident in Malta. She was discharged from hospital on June 11 to continue treatment under the Unit M.O. Treatment will consist of intramuscular injections on alternate days of “Neostan” (Stilsenyl glucoside) to a total of 10 injections. The investigations will be repeated three months after the termination of treatment to ascertain cure.