ZOONOTIC AND PARASITIC DISEASES

PROCEEDINGS OF THE THIRD INTERNATIONAL AND PAN-ARAB SEMINAR
HELD IN AMMAN, JORDAN,
17–20 OCTOBER, 1989
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La présente série est réservée aux documents issus de colloques, aux rapports internes et aux documents techniques susceptibles d’être publiés plus tard dans une série de publications plus soignées. D’un tirage restreint, le rapport manuscrit est destiné à un public très spécialisé.

Esta serie incluye ponencias de reuniones, informes internos y documentos técnicos que pueden posteriormente conformar la base de una publicación formal. El informe recibe distribución limitada entre una audiencia altamente especializada.
ZOONOTIC AND PARASITIC DISEASES

Proceedings of the Third International and Pan-Arab Seminar
held in Amman, Jordan, 17-20 October 1989

Edited by
Oumeish Youssef Oumeish and Panduka M. Wijeyaratne

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CUTANEOUS LEISHMANIASIS IN ALEPPO SYRIA

Pr. A. Chehade - Dr. A. Mouakeh

Department of Dermatology, Aleppo University Hospital

The British scientist, Pocoek, who was interested in Oriental studies, was the first to document cutaneous Leishmaniasis in Aleppo in 1745.

Aleppo City is located at the northern part of Syria near the southern borders of Turkey.

Cutaneous Leishmaniasis has several other names such as: Aleppo boil, Baghdad boil, East boil and tropical ulcer.

In 1742, the two British scientists, the Russel brothers, outlined the basic clinical features of this cutaneous disease in their book "The Natural History of Aleppo City".

In 1787, the French traveller, Volney, described the disease in his book "A Voyage to Egypt and Syria".

In 1832, the French vice-consul in Aleppo, described the infection accurately in the French Magazine, "La Gazette Médicale".

In 1833, Dr. Gilhou of the Paris Academy of Sciences suggested that cutaneous Leishmaniasis should be named "Aleppo boil".

Several other Syrian and French physicians continued to study the different aspects of this disease and to describe new features related to it. Among them were: Chevalier, Al-Knani, Kussa and Tarakji.

In 1903, the American physician J.H. Wright discovered the infective agent in a smear taken from a boil which was seen on an immigrant child. He named the parasite he discovered "Leishmaniasis tropica".

This cutaneous infection is still seen in large numbers among citizens of Aleppo City in a population of two million people.

I have carried out a study in collaboration with my colleagues Dr. Abdul Karim in the Department of Dermatology at Aleppo University Hospital where a large number of patients present regularly with this disease.

In another part of the study, we surveyed school children in a number of schools located within endemic areas.
At the Department of Dermatology, approximately thirty patients presenting with different cutaneous complaints were seen daily. Out of these, 690 patients presented with cutaneous Leishmaniasis within a period of six months (15.3%). Of these cases, 344 were males and 346 were females.

As for school children who were included in the study, 343 cases of cutaneous Leishmaniasis were seen among 1855 students examined. The age range of the study population was 6-18 years. About (18.1%) of the study population was infected with different types of the Aleppo boil and the largest number of occurrences was found in the age group 10-12 years.

<table>
<thead>
<tr>
<th>Patients seen at the Department of Dermatology during 6 months</th>
<th>No. of cases infected with cutaneous Leishmaniasis</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No.</td>
<td>4500</td>
<td>690</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School children examined</th>
<th>No. of cases infected with cutaneous Leishmaniasis</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1885</td>
<td>343</td>
</tr>
</tbody>
</table>

Age range and age groups:

<table>
<thead>
<tr>
<th>Age</th>
<th>No. of patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 m - 1 year</td>
<td>14</td>
<td>4.3%</td>
</tr>
<tr>
<td>1 - 5 years</td>
<td>180</td>
<td>26%</td>
</tr>
<tr>
<td>6 - 10 years</td>
<td>136</td>
<td>19.7%</td>
</tr>
<tr>
<td>11 - 15 years</td>
<td>112</td>
<td>16.2%</td>
</tr>
<tr>
<td>16 - 20 years</td>
<td>70</td>
<td>10.1%</td>
</tr>
<tr>
<td>21 - 30 years</td>
<td>84</td>
<td>12.1%</td>
</tr>
<tr>
<td>31 - 50 years</td>
<td>52</td>
<td>7.5%</td>
</tr>
<tr>
<td>&gt; 50 years</td>
<td>42</td>
<td>6%</td>
</tr>
</tbody>
</table>

Total 690

We can notice the high incidence of infection among children in the age group 1 - 10 years.
As regards the distribution of the disease, we notice that the infection occurs in all different areas of the city regardless of the social or economic standards of these areas.

Testing for the Parasite

The positivity of the direct smear was high in lesions that were two months old and untreated. This positivity declines gradually as the lesions grow older. In general, the lesions become negative after six months.

Lesion Type

80% of the cases seen were of the dry type.
14.9% of the cases seen were of the wet type.
5.1% of the cases seen took various forms such as Lupoid, Furunke-like and Tumour-like.

The wet type used to be seen particularly with patients coming from the country areas, but we have seen some cases with wet lesions among residents of the city and vice-versa.

The Lupoid type is seen among children and adolescents. Recurrent forms may occur after treatment or after spontaneous healing. The Lupoid type as well as the recurrent Lupoid types are seen mainly on the face area.

Location

The lesions are usually located on uncovered areas of the body which are subjected to Phlebotomes bites, the most common areas being in the face and neck, then the limbs and then the rest of the body.

We recorded only one case, among 690 patients, where the lesion was located on the mucus membrane of the nostril and the direct smear proved positive.

Location on the upper or lower lips was common and usually left shallow scars with no damage or disfigurement as in the case with Mucu-cutaneous American Leishmaniasis.
Number of Lesions

Fifty per cent of the study population had a single lesion each, while the remaining fifty per cent had lesions that ranged in number between two and as many as 46 lesions. Some cases were reported where the number of lesions in one patient exceeded one hundred (100) and were distributed on different parts of his body.

Duration between appearance of lesion and patient presentation

The duration ranged between 15 days and 11 years. In most cases, patients presented one or two months after the appearance of a lesion. Most of the cases that presented late had been subjected to wrong treatments meanwhile or were of the Lupoid type.

There is a question regarding the possibility of re-infection with cutaneous Leishmaniasis. We had observed patients with previous scars of Leishmaniasis and who were re-infected with this disease.

Summary

Aleppo boil (Cutaneous Leishmaniasis) is still seen in Aleppo in large numbers.

In our study, and within a period of 6 months, 690 patients out of 4500 out-patients who presented at the Department of Dermatology at Aleppo University Hospital were diagnosed as having cutaneous Leishmaniasis.

The largest incidence is among children.

Various clinical types of the lesion are seen, especially the dry type and the wet type, and the important but less frequent Lupoid type.

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