

PICTURES IN DIGESTIVE PATHOLOGY

Duodenal leishmaniasis in a HIV patient

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CLINICAL CASE

We report the case of a 31-year-old male who was diagnosed with HIV infection eleven years ago. At this moment his disease is in stage C3. He consulted because of watery diarrhea with no pathologic products for the last 5 months. He also reported continual abdominal pain unrelated to food ingestion. Over those months he lost about 7-8 kg of body weight, and some skin nodes developed in different parts of his body.

Laboratory parameters were nonspecific in the first study. Antibodies against *Leishmania*, CMV, syphilis, HBV, and HCV were all negative. Blood and stool cultures and parasite tests were all negative, too. A biopsy was obtained from skin nodes, which was positive for *Leishmania*, and a digestive endoscopy was carried out, which showed a paved, nodular mucosa all over the duodenum, from which we took several biopsies (Figs. 1 and 2). A histological study revealed a clear, severe infiltration of duodenal villi by macrophages filled with *Leishmania* bodies (Fig. 3).

Diagnosis: malabsorption due to visceral leishmaniasis with skin and small-bowel infiltration in a HIV patient.

DISCUSSION

Leishmaniasis is a parasitic disease transmitted by the biting of *Phlebotomus*, a kind of mosquito, and caused by different species of *Leishmania*. There are three forms of presentation: skin nodes (caused by *Leishmania tropica*), mucocuta-



Fig. 1. Duodenal bulb showing a paved, nodular mucosa.
Bulbo duodenal, que muestra mucosa empedrada y nodular.

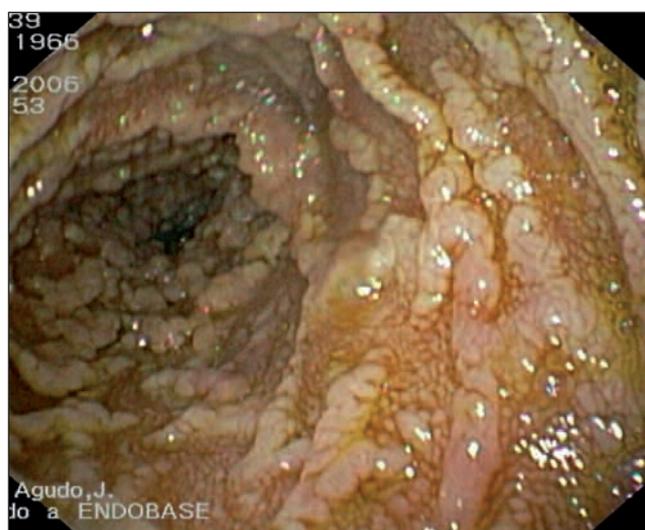


Fig. 2. Second portion of the duodenum showing the involvement of the whole duodenum.

Imagen de segunda porción, en la que se aprecia como la nodularidad de la mucosa se extiende a lo largo de todo el marco duodenal.

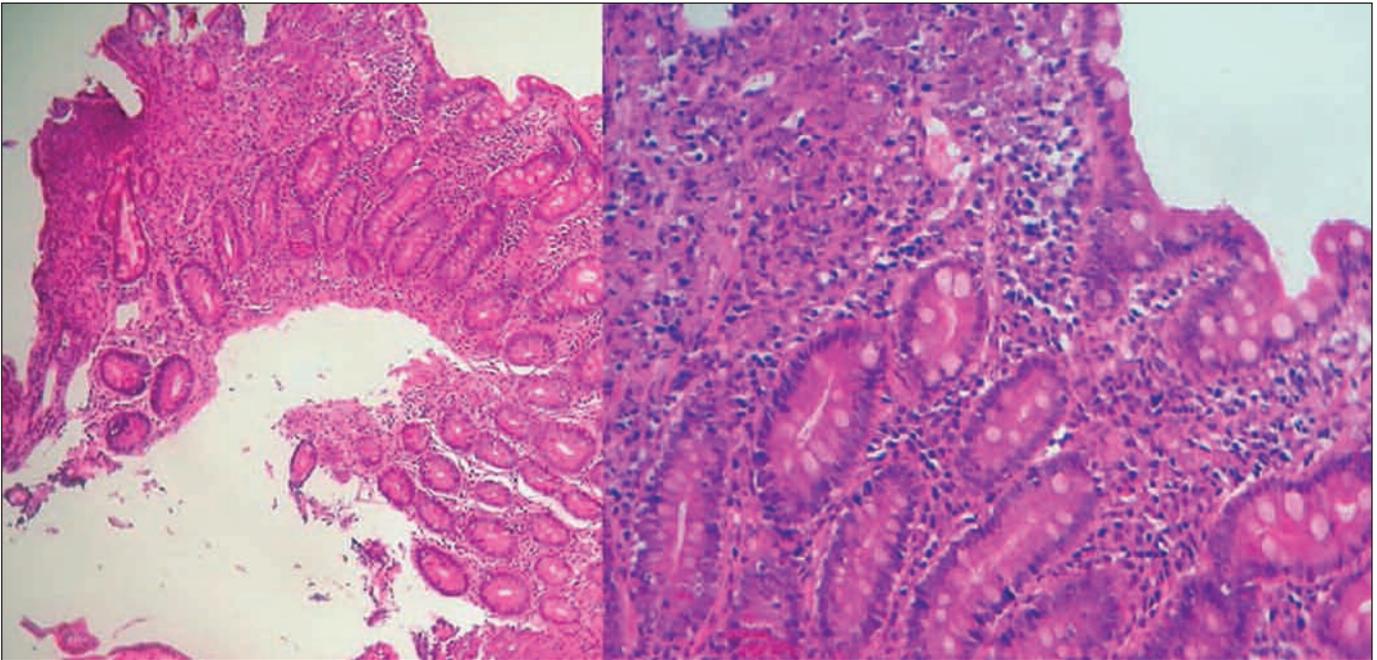


Fig. 3. Histologic image showing numerous *Leishmania* bodies.

Corte anatomopatológico, en el que se pone de manifiesto la presencia de múltiples cuerpos de *Leishmania* en toda la extensión de la muestra.

neous involvement (caused by *Leishmania braziliensis*) and visceral leishmaniasis (caused by *Leishmania donovani* and *Leishmania infantum*). It is especially frequent in areas by the Mediterranean sea.

Visceral leishmaniasis, an opportunistic disease, usually develops in HIV patients with a previous diagnosis of AIDS, and is less frequent in other types of immunodeficiency. The disease usually manifests with fever, general discomfort, and hepatosplenomegaly. Digestive involvement is rare (only 5 to 10% of all visceral leishmaniasis cases), and presentation is also different, with predominant watery diarrhea, nausea, weight loss, and abdominal pain.

Diagnosis requires *Leishmania* bodies to be found in the histological study of various tissues.

RECOMMENDED REFERENCES

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