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Abstract:

Post-kala-azar dermal leishmaniasis (PKDL) is a cutaneous manifestation of leishmaniasis mainly presenting after apparently successful treatment of the visceral form of the disease. The condition is found in all regions endemic for *Leishmania donovani*, predominantly in east Africa and the Indian subcontinent and mainly affects poor populations with limited access to quality health care. In Africa up to 60% of patients treated for visceral leishmaniasis develop PKDL, mostly 0-6 months post-treatment. The pathology of PKDL is still not known in detail although nowadays it is well assumed that the disease is associated with an inadequate answer of the immune system to visceral infection involving various cell types and cytokines partially acting antagonistic to each other. Appropriate diagnostic tools are missing and the current treatment is fairly toxic in many countries. Concerning PKDL in Africa most research articles concentrate on Sudan only, leaving out the other countries in region also endemic for *L. donovani*. The literature review tried to gather current information on epidemiology, pathology, diagnostics, treatment and prevention from all countries in east Africa where the disease is endemic. Main future research areas should include determining host susceptibility to PKDL considering genetic analysis. Because parasites can be found in skin lesions and therefore patients might act as a human reservoir the infectiousness of PKDL patients in different stages of disease should be studied. Adequate diagnostic tools have to be evaluated taking into consideration the limited infrastructure of most of the endemic regions. Combination therapies with eventually lower toxicity and shorter duration of treatment have been studied in small samples and show promising results. The next step is to confirm the findings in larger scale trials in east Africa. To improve reporting PKDL should be included in national leishmaniasis programs and surveillance systems. Active case detection including index cases and mapping would be ideal to ensure early finding and treatment of the patients but is difficult to achieve in the African context. Strengthening passive case detection requires capacity building and awareness rising across professionals in the public and private sector.