# Congenital Visceral Leishmaniasis: a case report

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## Objective

To describe a case of congenital visceral leishmaniasis (VL).


## Methods

Médecins sans Frontières (MSF) conducts a VL treatment project in Fulbaria, Bangladesh. We describe the presentation and outcome of a mother and infant admitted to the programme.

**MOTHER HISTORY**

On 22/06/2011, a 22 year old woman came to the MSF clinic complaining of fever, weight loss and loss of appetite for the last 4 months. She had recently delivered a baby.

The woman had reported to the centre 6 weeks earlier, when she was still pregnant; at that moment no clinical signs and symptoms of VL were found.
On admission: weight 43 Kg (BMI 17.2); temperature 37ºC; spleen palpable at 2cm below the left costal margin; rK39 rapid test for VL positive; malaria rapid test and blood film both negative; haemoglobin (Hb) 8.3 g/dL. She was diagnosed with primary VL.

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**REFERENCES**
• Low GC, Cooke WE. A congenial infection of kala azar. Lancet. 1926;ii:1209–1211.
• Meinecke CK, Schottelius J, Oskam L, Fleischer B. Congenital transmission of visceral leishmaniasis (Kala Azar) from an asymptomatic mother to her child. Pediatrics. 1999;104(5):e65.

**INFANT HISTORY**

The male infant was born on 11/05/2011 after normal delivery. Since birth, the baby had fever, was coughing, not eating properly, with frequent vomiting and therefore not gaining weight properly.

On 5/07/2011, the 8 weeks old boy was seen in the clinic. Weight 4.5 Kg (10$^{th}$ percentile); temperature 37.4ºC and spleen not palpable. rK39 was positive; Hb 8.5 g/dL, WCC 9500/ml (N 46%, L 8%), platelets 190,000/ml. Urine dipstick was negative.

Because the positive VL serology in the absence of clear VL symptomatology might be due to maternal antibodies, the baby was sent home and reviewed 2 weeks later. At that point he had no fever, persistent cough, weight was 5 Kg and a tip of spleen was palpable on examination. He was reviewed again the following week (age 11 weeks): he had persistent fever, cough, and loose motion in the last 5 days. On examination weight 5 Kg, temperature 38.6ºC, and the spleen was clearly palpable. Hb 6.8g/dL. He was diagnosed of congenital VL and admitted for treatment.

## Results

Both mother and infant received 3 doses of 5 mg/kg liposomal amphotericin B (15 mg/kg total dose).

At discharge the mother was afebrile, spleen regressed to 0cm and Hb 7.2 g/dl. Three months after treatment her weight was 52Kg (from 43Kg), Hb 11g/dl, no spleen.

At discharged the infant had resolution of fever, weight 5Kg, liver 4cm, spleen 1.5cm. Three months after treatment the weight was 7Kg (25$^{th}$ percentile), Hb 7.3g/dL, and no palpable liver or spleen.

Both mother and child were asymptomatic after 12 months follow up.

## CONCLUSION

This constitutes the 19$^{th}$ case of congenital VL ever published. Although rare, congenital transmission of VL might be underdiagnosed in endemic areas. Following up infants born from mothers diagnosed with VL might increase the diagnosis and prevent avoidable deaths.