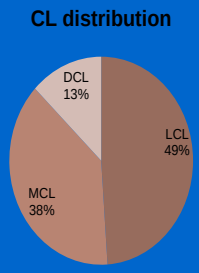
Brief summary

25/10/23, Volume 1, Number 1

Should we treat more localized cutaneous leishmaniasis patients with local therapy?



Three types of CL

LCL – localized cutaneous leishmanisis
MCL – mucocutaneous leishmaniasis
DCL – diffuse cutaneous

Key Messages

Despite Ethiopia have an estimated annual number of CL cases ranging from 20,000 to 30,000, there are limited thorough clinical descriptions of the various types and treatment outcomes

We found that majority of patients (83%) manifested with more than one morphologic feature.

Local treatment works well.

- LCL patients had 94% cure rate which is much better than in other institutions
- For MCL, 11% of patients received local therapy which had good treatment response even though the Ethiopian treatment guideline recommends systemic therapy for MCL.

We recommend further study with other institutions to better understand treatment practices and related outcomes.

What is the problem and why is it important?

Cutaneous leishmaniasis is a parasitic neglected tropical disease with diverse clinical manifestations, which can result in scars or severe disfigurement, leading to stigmatization.

Despite Ethiopia having an estimated annual number of CL cases ranging from 20,000 to 30,000, there are limited thorough clinical descriptions of the various types of CL. The information on detailed clinical presentations in Ethiopia would be useful for early diagnosis.

There is also a scarcity of data on how patients are managed in different facilities and the therapeutic outcomes that result. In addition, Ethiopia has a national VL control program but resources for CL are limited.

How did we measure it?

A cross-sectional study used data from questionnaires and routine medical

files. We included all patients diagnosed with all 3 types of CL at Felege Hiwot referral hospital and Addis Alem Primary hospital. Using Epidata, a descriptive analysis was carried out. The outcome of patients was assessed six months after treatment completion.

What did we find?

Majority of patients (83%) manifested with more than one skin feature. The most prevalent morphologic appearances were plaque, nodule, infiltrative, crusted, and ulcerated.

Overall, 61% of patients with documented treatment outcomes were cured. The cure rate for LCL was 69%, 55% for MCL and 50% for DCL.

Patients treated with SSG systemically had a 55% cure rate, whereas those treated with SSG injected locally had a 94% cure rate. Despite the fact that local treatment works well, only 35% of patients with localized CL received local treatment.

For MCL, 11% of patients received local therapy which had good treatment response even though the Ethiopian treatment guideline recommends systemic therapy for MCL.

Implications

The higher cure rate in our setting for both systemic and local treament could be due to longer follow up and the way treatment was given.

The Ethiopian treatment guidance recommends that MCL patients should receive systemic treatment. However, in our study 4 MCL patients were treated with local therapy and had good outcomes which are comparable to systemic therapy.

Localized therapy was only administered to 35% of LCL patients, which was much less than anticipated. This could be because many patients came from remote areas and had financial problems to come to the hospital for 6 weekly treatments.

We had small number of patients so we can't draw conclusion from this study. Therefore we recommend further studies with other institutions with adequate sample size.

This study should document:

- The treatment given and why
- To which patient it is given, and

- The treatment outcome of patients at the same point of time.