

RESURGENCE OF OLD PROBLEM: CUTANEOUS LEISHMANIASIS

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Cutaneous leishmaniasis affects millions of people world wide, posing a public health problem in the under developed countries. Its prevalence tends to be grossly under-estimated because of under-reporting, misdiagnosis or non-diagnosis.¹ In Pakistan it occurs sporadically throughout the year and outbreaks are reported frequently but for the last decade it shows extension in its geographical distribution. The disease once endemic only in Baluchistan has become considerably prevalent in other provinces of the country as well.²⁻⁵ Movement of immigrants, increase in tourism, and decrease in the use of insecticides are thought to be the major contributory factors.^{6,7}

The treatment of cutaneous leishmaniasis is less than adequate because available drugs are quite toxic, require long courses, and are mostly administered parenterally.⁸

In the present issue of the journal there is a study by Soomro FR et al⁹ from Chandka Medical College Larkana conducted in the upper Sindh. It concludes that cutaneous leishmaniasis is endemic and increasing in the upper and other parts of Sindh. It requires attention of health authorities to take appropriate measures for its effective control.

It will be wise if researchers come forwards and try to determine the exact epidemiology of this disfiguring disease in the country. Health planners and managers are also expected to take notice of this disease other wise as stated by Soomro et al it may turn into more serious public health problem.

REFERENCES

1. WHO, 1998. Leishmaniasis and HIV. –a gridlock WHO/CTD/LEISH/98.9, pp. 1-28.
2. Hashiguchi Y. Leishmaniasis: its changing pattern and importance as an imported disease. *Internal Med* 1996; 35: 434-5.
3. Bhutto AM, Soomro RA, Nonaka S, Hashiguchi Y. Detection of new endemic areas of cutaneous leishmaniasis in Pakistan: a 6-year study. *Int J Dermatol* 2003; 42, 543-8.
4. Burney MI and Lari FA. Status of cutaneous leishmaniasis in Pakistan. *Pak J Med Res* 1986; 25: 101-8.
5. Rowland M, Munir A, Durrani N, Noyes H, Reyburn H. An outbreak of cutaneous leishmaniasis in an Afghan refugee settlement in north-west Pakistan. *Trans Roy Soc Trop Med Hyg* 1999; 93: 133-6.
6. Ashford RW. The Leishmaniasis as emerging and re-emerging zoonoses. *Int J Parasitol* 2000; 30: 1269-81.
7. Desjeux P. The increase in risk factors for leishmaniasis worldwide. *Trans Roy Soc Trop Med Hyg* 2001; 95: 239-43.
8. Rosenthal PJ and Goldsmith RS. Leishmaniasis. In: McPhee SJ, Papadakis MA, Tierney LM Jr. *Current Medical Diagnosis & Treatment. International Edition* 2008. pp: 1030-1.
9. Soomro FR, Pathan GM, Abbasi P, Bajaj D, Bhatti NS, Hussain J, et al. A Survey of cutaneous leishmaniasis at village Gaibi Dero, District Larkana, Sindh, Pakistan. *Gomal J Med Sci* 2009; 7: 137-9.