Kala-Azar without Hepatosplenomegaly

J. Chandra
R.N. Mandal Ravi
S.K. Mittal
D. Sharma

Kala-Azar is a parasitic infection which usually has a chronic course. Apart from fever, enlargement of spleen and liver are most prominent features(1,2). We recently came across a case of Kala-Azar in whom spleen and liver both were not palpable, which is being reported.

Case Report

A 6-year-old girl, resident of Vikaspuri Delhi, was admitted to Kalawati Saran Children's Hospital, New Delhi with the complaints of high grade fever, loss of weight (not recorded) and anorexia of two months duration. Her physical examination showed that she was cachexic, febrile and anemic. The liver and spleen were not palpable and the rest of the systemic examination was unremarkable.

From the Department of Pediatrics and Section of Radiology, Kalawati Saran Children's Hospital and Lady Hardinge Medical College, New Delhi 110 001.

Reprint requests: Dr. Jagdish Chandra, Associate Professor, Department of Pediatrics, Kalawati Saran Children's Hospital, New Delhi 110 001.

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Her investigations revealed a Hb of 9 g/dl and a TLC-4200/cu mm with 24% neutrophils and 74% lymphocytes. Blood culture was sterile. Chest *X*-ray was normal and Mantoux test was negative. Urine microscopy showed 4-5 pus cells per high power field and urine culture grew *E. coli* $>10^5$ organism/cu mm. With treatment with nalidixic acid, the subsequent urine culture became sterile but the fever continued.

By one week stay in hospital, reports of the above investigations became available. Because of mild leucopenia and relative neutropenia, Kala-Azar was thought off. On specifically asking the mother of the child, she told that they originally belonged to Bihar (Distt Madhubani).

The tests done for Kala-Azar showed a positive aldehyde test. Bone marrow was positive for LD bodies. Serology for Kala-Azar was also positive. Ultrasound examination of abdomen showed mild splenomegaly. Child was then started on sodium stibogluconate. When after 30 injections the child was brought, she still had fever, and spleen had also become palpable 2.5 cm below the left costal margin. Bone marrow still showed LD bodies. Now the child is being treated with pentamidine.

Discussion

In Kala-Azar, spleen becomes palpable by about third week of illness and thereafter enlarges at a rate of 2.5 cm per month(3). Text-book description about palpable spleen in Kala-Azar is that of "almost invariable"(3). In a large series of 750 cases, Thakur reported splenomegaly

in all cases(4). However, absence of palpable spleen in Kala-Azar had been reported. In a series by Mallick *et al.* of 450 cases, spleen was not palpable in 2 cases (0.4%) but both of them were partially treated(5). In another series of over 600 patients, Prasad made an observation that in children with Kala-Azar, hepatomegaly was more consistent finding(1). Three of his 330 pediatric patients (<1%) did not have palpable spleen but in all of them liver was enlarged. One adult patient did not have hepatosplenomegaly. The present case is unusual for its absence of palpable liver and spleen both inspite of two months of illness. Even on careful questioning history of having receiving treatment for Kala-Azar was denied.

It appears that in this case the splenic enlargement was slower and had the duration of illness been more, spleen would have become clinically palpable. The fact that later inspite of usual treatment, spleen became palpable and ultrasonographic demonstration of mild enlargement further substantiate this hypothesis. This case highlights the importance of ultrasonography in assessment of splenic enlargement and it should be used in clinical conditions in which enlargement of spleen is suspected.

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Hypoplastic Anemia: A Preleukemic State in Acute Lymphocytic Leukemia

N. Desai
P. Vohra
H. Pati
V.P. Choudhry

Preleukemic state is well known to precede acute myelogenous leukemia. About 50% of myelodysplastic syndromes are known to progress to acute nonlymphocytic leukemia (ANLL)(1). Unlike ANLL, preleukemia in acute lymphocytic leukemias (ALL) still remains an ill defined and retrospective diagnosis. Rarely hypoplastic

From the Departments of Hematology and Pediatrics, All India Institute of Medical Sciences, New Delhi 110 029.

Reprint requests: Dr. V.P. Choudhry, Additional Professor, Department of Hematology, All India Institute of Medical Sciences, New Delhi 110 029.

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