

Extensive Post-Kala-Azar Dermal Leishmaniasis

A 16-year-old male from Bihar had confluent hypopigmented plaques along with erythematous succulent papules on the chin, trunk, and shoulders for the past 8 years. There was relative sparing of axillae, suprapubic, and inguinal regions [Figures 1a-c]. He had a history of kala-azar. Skin biopsy and smear showed numerous Leishman Donovan bodies [Figure 1d]. rk39 antigen detection was positive.^[1,2] Human immunodeficiency virus serology was nonreactive, and CD4 and CD8 counts were normal. He had extensive post-kala-azar dermal leishmaniasis along with tuberculous lymphadenitis and pleural

effusion. He improved with a combination therapy of sodium stibogluconate 10 mg/kg and rifampicin 15 mg/kg along with antitubercular treatment.^[3]

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

There are no conflicts of interest.

References

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Figure 1: (a-c) Extensive hypopigmented and infiltrated skin along with juicy papules on the chin, trunk, and shoulder. (d) Amastigote forms of *Leishmania donovani* (LD) in the histiocytes (Giemsa, $\times 400$)

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