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The ubiquitous parasite: leishmaniasis in an elderly man

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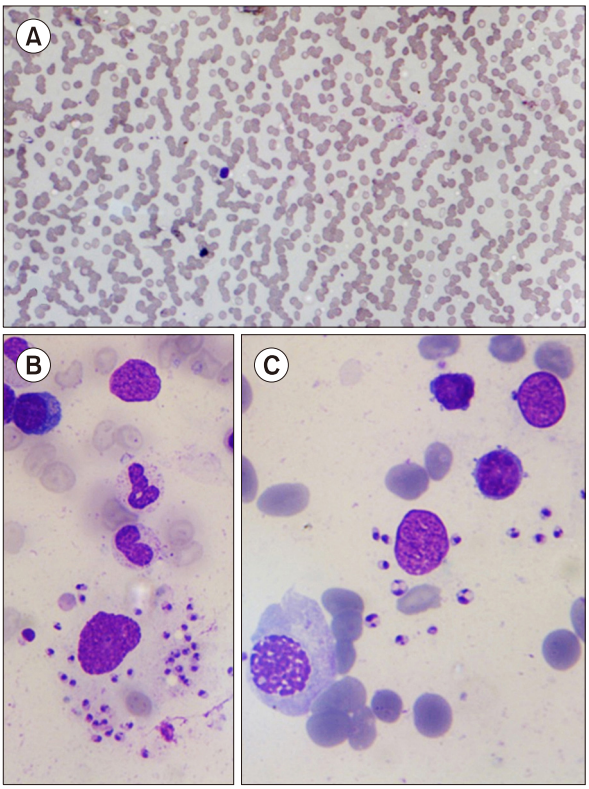

A 70-year-old man from Lucknow, India, presented with epistaxis, pallor, and splenomegaly for 3 months. He had no history of fever, anorexia, jaundice, and weight loss. His complete blood count revealed pancytopenia, with a hemoglobin level of 80 g/L; white blood cell count of 2.5×10^9/L, with predominance of lymphocytes (65%); and platelet count of 80×10^9/L. Peripheral smear examination revealed Rouleaux formation (**A**; Leishman stain, ×200). His serum protein level was 9.5 g/dL, with a reversed albumin/globulin ratio (1:2.8). His renal function, blood-sugar level, and liver function were unremarkable, except an elevated alkaline phosphatase level (780 IU/L). Stool examination for occult blood and viral markers (HIV, hepatitis **B** and **C**) was negative. Bone marrow examination revealed hypercellular differentiation with adequate megakaryocytes and increased lymphocytes (25%) and plasma cells (15%). The smears also showed intra- and extracellular amastigote forms (with nucleus and kinetoplast) of *Leishmania donovani* (**B**, **C**; Leishman stain, ×630).
Visceral leishmaniasis (VL) is an endemic infection in certain parts of India. The transmission is anthroponotic, with sand fly *Phlebotomus argentipes* as the vector. VL classically presents as fever, splenomegaly, and pancytopenia. Atypical presentation without fever in a non-endemic urban city, such as in this case, is rare.