**OP 61: Clinical outcome of infection with *L.donovani* in Sri Lankan patients**

*Siriwarda\_na\_H\_YYD', Sirimanna G~, Udagedara C\ Chandrawansa PH4, Wickremasinghe AR, Karunaweera ND*

*Department of Parasitology, Faculty of Medicine, University of Colombo ' National Hospital of Sri Lanka, Colombo*

*3 General Hospital, Matale
General Hospital, Matara*

*Faculty of Medicine, University ofKelaniya*

**Objective:** To describe the clinical profile of leishmaniasis in Sri Lanka

**Design, setting and methods:** This prospective descriptive study was conducted on incident cases of suspected cutaneous leishmaniasis (CL) referred to the Department of Parasitology, Faculty of Medicine, Colombo over 4 years. An interviewer administered questionnaire was administered to obtain clinical information. Diagnosis was confirmed with microscopy and/or PCR.

**Results:** Four hundred and one (401) patients with 549 lesions were studied. Over 70% lesions were parasitologically confirmed and further analyzed. The majority were soldiers (57.4%). The male to female ratio was 4:1. The majority were single lesions (73.9%) on exposed areas (forearms/hands- 44.1%), face/head/neck/pinna region-30.1%). Lesion included: papules (23.4%), nodules (25.4%), ulcerating nodules (19.6%), ulcers (23.7%), plaques (6.4%) and other types (1.7%). Non ulcerative lesions (NUL) were the commonest type observed up to 6 months. After 6-9 months, the proportion of ulcerative lesions was almost twice as that of NUL (60.8% vs 31.4%), Parasite positivity was highest in nodules (n=100, 75.5%), and in lesions of 5-9 months duration, and lowest in ulcers (n=92, 65.8%). After 12 months, the majority of leishmanial skin lesions either showed complete ulceration (44.1%) or remained non ulcerative (47.1%). Lesions in their 3rd year were mainly papules (42.9%) or ulcers (35.7%). Chronic lesions (>lyear) were mainly single. Sporo-trichoid spread (n=44, 11.9%), satellite lesions (n=35, 8.9%) and lymphatic spread (n=109, *27.7%)* were observed.

**Conclusions:** CL affects many provinces of the country, with most patients referred to this department from northern and southern provinces. Males comprised the majority of cases probably due to their higher risk due to exposure to outdoor biting habits of *Phlebotomus* sp. sand flies as an occupational hazard. The clinical spectrum of CL in Sri Lanka is wide. Parasitological confirmation of the diagnosis is important and investigations performed between 5-9 months of duration of a lesion may have higher chances of detecting parasites/parasite DNA.