

## RESUMO DE TESE

### ASPECTOS CLÍNICOS, LABORATORIAIS E EPIDEMIOLÓGICOS DA LEISHMANIOSE TEGUMENTAR AMERICANA - CASUÍSTICA DO HOSPITAL EVANDRO CHAGAS/ FIOCRUZ/RJ NO PERÍODO DE JANEIRO DE 1987 A DEZEMBRO DE 1991

Foram estudados, de forma descritiva e retrospectiva, 269 casos (213 cutâneos e 56 mucosos) de leishmaniose tegumentar americana (LTA) do Hosp. Evandro Chagas (HEC/FIOCRUZ-RJ) no período de jan. de 1987 a dez. de 1991, a maioria procedente do Rio de Janeiro. A principal espécie de *Leishmania* identificada foi a *Leishmania (V) braziliensis*. A transmissão revelou-se de caráter peridomiciliar, havendo propensão para um maior número de casos nas famílias que possuíam cães doentes ( $p < 0,05$ ). O tipo de lesão cutânea mais observado foi a úlcera clássica, geralmente única, preferencialmente localizada nos MMSS e MMII (80,3% dos casos). Lesões múltiplas ( $> 3$ ) correlacionaram-se fortemente com a presença de lesão mucosa concomitante ( $p < 0,0001$ ). IDRМ foi positiva em 98% dos casos cutâneos, a sorologia em 40%, a histopatologia em 44,6%, o *imprint* em 36,8% e a cultura para *Leishmania* em 72,3%. Os doentes da forma mucosa mostraram diferenças clínicas significativas conforme pertencessem ao grupo da forma mucosa tardia ou concomitante, quais sejam: intensidade da IDRМ ( $p < 0,03$ ), idade ( $p < 0,02$ ), tempo de doença ( $p < 0,0004$ ), tipo de lesão ( $p < 0,0005$ ). E assemelharam-se quanto à resposta sorológica e proporção de locais mucosos

### CLINICAL, LABORATORIAL AND EPIDEMIOLOGICAL ASPECTS OF AMERICAN MUCOCUTANEOUS LEISHMANIASIS OBSERVED IN EVANDRO CHAGAS HOSPITAL - FIOCRUZ/RJ FROM JANUARY/1987 TO DECEMBER/1991

Two hundred sixty nine cases of American mucocutaneous leishmaniasis, admitted to Evandro Chagas Hospital in the past 5 years were studied. Patients were selected by means of clinical data (aspect of the lesions, epidemiological background and Montenegro's test) and demonstration of parasites in smears, histopathological sections and/or culture in NNN media. Most of the patients were from Rio de Janeiro State (210 cases/78%); 213 cases had cutaneous form and 56 mucosal.

According to clinical aspects the cases were classified in three forms: cutaneous, concomitant mucosal and late mucosal form. The main species of *Leishmania* identified was *Leishmania (V) braziliensis*.

Transmission was mainly in around the houses, the great majority located in rural areas. Presence of an infected pet seems to strongly determinate the appearance of new cases in the same family ( $p < 0,05$ ).

The cutaneous cases were characterized by a single cutaneous ulcer (rarely more than one) located in uncovered areas of the body. Multiple lesions were associated with concomitant mucosal disease ( $p < 0,0001$ ). The limbs, both upper and lower, were affected in 80.3% of the cases. Montenegro's skin test was positive in 98% of cutaneous cases and the indirect immunofluorescence test positive in only 40%. Demonstration of parasite was positive in 26.8% of smears, 44.6% of histopathological sections, and 72.3% of cultures. Cutaneous cases were treated with Glucantime<sup>R</sup> (parenteral administration in 163 and intralesional treatment in 36 cases) and surgical excision (4 cases). Ten cases received no treatment; 6 of these because of spontaneous resolution. Response to treatment was favorable in 82.6% of cases.

acometidos. O tratamento foi feito com Glucantime<sup>R</sup> parenteral ou intralesional, tratamento cirúrgico, ou não tratados. Entre estes, 6 casos com evolução para cura espontânea. O índice de cura na forma cutânea foi de 96,7% para todos os esquemas terapêuticos e nas formas mucosas de 86,8%. Os efeitos colaterais do Glucantime<sup>R</sup> mais freqüentemente encontrados foram mialgias, artralguas, anorexia, astenia, alterações bioquímicas e eletrocardiográficas, relacionados à dose e f. clínica. Concluiu-se que o atendimento à LTA no HEC é bastante representativo do RJ e que a classificação dos doentes em forma cutânea, mucosa concomitante e mucosa tardia, permitiu diferenciar aspectos relevantes entre os doentes mucosos, sugerindo diferenças de comportamento imunológico e fisiopatogênico. Ambas as formas, cutâneas e mucosas, responderam bem ao tratamento com doses baixas de antimônio, abrindo a perspectiva do emprego de tais doses nos pacientes mais propensos a desenvolverem efeitos colaterais, aparentemente sem prejuízo da resposta terapêutica.

Patients of mucosal forms showed some differences according to the clinical presentation of mucosal disease. These differences were revealed by the intensity of Montenegro's test ( $p < 0.03$ ), patients age ( $p < 0.02$ ), evolution rate of the disease ( $p < 0.0004$ ) and type of lesion ( $p < 0.0005$ ). The severity of the disease also seems to be different in the two groups of mucosal form. All mucosal cases were treated with parenteral Glucantime<sup>R</sup>, the majority with a low dose of antimony ( $< 10\text{mg/kg/day}$ ). The cure rate varied from 77.3% for patients with concomitant mucosal form to 85.3% for patients with late mucosal form.

Adverse effects of Glucantime<sup>R</sup> were frequently found in both, cutaneous and mucosal forms, and were non-specific (myalgias, arthralguas, anorexia, asthenia, etc.). Biochemical and EKG alterations were also found mainly with higher doses of antimony.

This study supports the idea of a difference in immunological and physiopathogenic behaviour between the forms of the disease. On the other hand it could be stated that cutaneous as well as mucosal cases showed a good clinical response to treatment with low doses of antimony, an important fact not only from the economical point of view but also because we could surpass the adverse effects of high doses of antimony with no bias to the final therapeutic goals.

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