Revista da Sociedade Brasileira de Medicina Tropical
29(1):79, jan-fev, 1996.

CARTA AO EDITOR

CUTANEOUS LEISHMANIASIS IN ECUADOR

Sir,

While we welcome the publication of the DIFMA test using *Leishmania* Genus specific monoclonal antibody[1] we are disappointed that the Authors did not include certain fundamental details. In particular, the Authors do not address whether the DIFMA test is equally sensitive for all *Leishmania spp.* reported in Ecuador, for example the DIFMA test may be less suitable for the diagnosis of those *Leishmania spp.* which induce lesions with relatively low amastigote densites. They states in their introductory paragraph that *Leishmania (Viannia) braziliensis, L. (V) panamensis, L. (V) guyanensis, L. (L) mexicana* and *L. (L) amazonensis* are all present in Ecuador. However they do not indicate the species present in the 90 active lesions tested in their patient cohort. Certainly *L. (V) braziliensis*, will not produce amastigotes readily detectable for their DIFMA test. We have no experience of *L. (V) panamensis. L. (L) amazonensis* are rare human infections in our experience because of the non human blood meal preference of vector phlebotomine. This leaves *L. (V) guyanensis* which as is the case in Manaus is easily detected in skin scrapings, culture and histology. The last is suggested by the high amastigote rate on histology (74%) found by Chico et al[1]. Although more than 40 cultural isolates were made no taxonomy is given.

One can speculate on the value of such precise taxonomy if the situation in a transmission area is defined. For us in Tres Bracos, Bahia, Brazil there is no point in doing further taxonomy since it is almost a pure monotransmission of *L. (V) braziliensis*[3]. Possibly the Authors of this paper are working with isolates from a region where *L. (V) guyanensis* and/or *L. (L) mexicana* are the predominant circulating parasites[2].

REFERENCES

1. Chico ME, Guderian RH, Cooper PJ, Armijos R, Grogl M. Evaluation of a Direct Immunofluorescent antibody (DIFMA) test using *Leishmania* genus-specific Monoclonal Antibody in the routine diagnosis of cutaneous leishmaniasis. Revista da Sociedade Brasileira de Medicina Tropical 28:99-103, 1995.
2. Hashiguchi Y. Studies on New World Leishmaniasis and its transmission with particular reference to Ecuador. Reasearch Report Series nº. 4, p 147-149, Kyoma Printing, Kochi, Japan, 1994.
3. Rosa AC, Cuba Cuba CA, Vexenat A, Barreto AC, Marsden PD. Predominance of *Leishmania braziliensis braziliensis* in the regions of Tres Bracos and Corte de Pedra, Bahia, Brazil. Transactions of the Royal Society of Tropical Medicine and Hygiene 82:409-410, 1988.

César Augusto Cuba-Cuba and
Philip Davis Marsden
University of Brasília
Brasília, DF

The Leishmaniasis Laboratory of University of Brasilia, Brasília, DF, Brazil.
Address: Dr. César Augusto Cuba-Cuba. Deptº de Patologia/UnB, 70910-900, Brasília, DF, Brasil.
Recebido para publicação em 04/05/95.