A neglected stigmatising disease: cutaneous leishmaniasis in Balochistan, Pakistan

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Introduction
Cutaneous leishmaniasis (CL) is a parasitic disease endemic in Pakistan causing ulcerating lesions on the face and upper extremities. Stigmatised patients are discouraged from seeking care, and often present late. Information on disease burden and risk factors for transmission is lacking, but incidence is increasing in both urban and rural areas. CL is a neglected disease in Pakistan and there is no national control programme.

Project
MSF provides free CL diagnosis and treatment in two locations in Quetta, Balochistan. In Kuchlak, an MSF-supported maternal and child health clinic serves a mixed rural/urban population of displaced persons, including nomads and Afghan communities. MSF also supports a government hospital in the suburb of Mari Abad serving a poor urban community. Parasitological confirmation is by microscopy of skin slit smears. Treatment is provided according to WHO guidelines. Due to security constraints, there are no awareness-raising activities on prevention. This analysis met the MSF International Ethics Review Committee criteria for a study involving the analysis of routinely collected programme data.

Outcomes
In 2014, a total of 1,492 clinically suspected CL cases were screened, of which 636 (43%) were parasitologically confirmed. Of the 671 patients who commenced treatment, 91 (14%) were started after clinical diagnosis. The male-to-female ratio was 1:1.2 (312:359). At 29% of patients (193), children under 5 years of age were over-represented. Forty percent of cases (181/450) presented more than six months after onset of lesions. In 262 (39%) cases, lesions were located all over the body; in 232 (35%), on the face; and in 121 (18%), on the upper extremities. Ulcerative, nodular, and papular lesions were equally common. Patients were treated with meglumine antimoniate, the majority (561; 83.6%) by intra-lesional injections during 8 sessions (1-2 ml per lesion), and 110 (16.4%) by intramuscular injection in case of multiple or complicated lesions with 20mg/kg for an average of 20 days. The initial cure rate was 97% (544/560), and the defaulter rate was 3% (16/560). Twenty-three relapsed cases were successfully re-treated.

Conclusions
Pentavalent antimonial is effective in treating CL in Pakistan, but treatment is painful and long. Further operational research to validate safer and shorter treatment modalities (e.g. ointments, thermotherapy) is needed, and MSF is advocating for CL control and prevention. However, the unstable security situation and the low prioritisation of a non-fatal disease remain obstacles.