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Is leishmaniasis recidivans really so difficult to treat?

The recent report of SCHEWACH-MILLET *et al.* (1981) of two patients with chronic leishmaniasis (LR), or lupoid leishmaniasis, successfully treated with conventional doses of sodium stibogluconate, prompts me to pose this question. Textbooks say and articles on treatment reiterate the problem. Yet nowhere can I find an actual report, with quoted doses, which illustrates that LR is in fact unresponsive to pentavalent antimony, given in adequate dosage and adequate duration.

May I use your columns to invite replies from those who have experience in treating this condition.

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Visceral canine leishmaniasis in Bolivia

We report the first description of visceral canine leishmaniasis in Bolivia. In a first stage (October 1980), three dogs presenting mucous nasal lesions

were found to be infected with *Leishmania* (numerous amastigotes on smears). The dogs came from Khala-Khala village (1600 m, 67°38'W, 16°17'S) located in the Yungas area (La Paz Department), and showed typical clinical features: loss of weight, scaly skin, hair loss, long nails.

The Yungas valleys link the high plateau (3900 m) to the tropical low areas. The climate is a rather dry, sub-tropical one, with a poor secondary forest. Any plot of land is cultivated: coca, coffee and citrus trees are very common (DESJEUX, 1974).

In November 1981, one suspected dog (advanced case) showing nasal ulceration, blindness by keratitis and cachexia with paresis, was caught in Khala-Khala village and autopsied in La Paz. Nasal mucus, liver, spleen, lymphatic nodes and bone marrow were heavily infected with *Leishmania* on impression smears. One strain was isolated by culture on NNN modified B45 medium, and inoculated into a hamster. It is presently in the process of isoenzyme characterization, which will help us to clarify the epidemiological situation.

In the Yungas area, both cutaneous and mucocutaneous human leishmaniasis are very frequent (VEINTEMILLAS, 1928; BALCAZAR, 1946; WALTON *et al.*, 1973, 1979; DESJEUX *et al.*, 1974; DESJEUX, 1976), but so far no case of visceral human leishmaniasis has been described, perhaps because the existence of the disease was not even considered at the time. We are just now looking for possible visceral human cases, vector and sylvatic reservoirs.

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