

antibodies. Since May 1994, 109 seropositive donors have been identified, 24(22%) of which had previous donations representing 101 total donations and 284 products for transfusion. Of the 284 products for transfusion, 166 were discarded or expired, 11 had an unknown disposition, and 94 were transfused to recipients. Forty-eight of these recipients were deceased, 26 were lost to follow-up and 17 were tested, but found to be negative for *T. cruzi* antibodies. The absence of demonstrable transmission in the present study may be attributed to a low rate of transmission, strain differences in propensity to transmit infection, type of blood products transfused, and/or unsuitability of existing tests.

- 214 VISCERAL LEISHMANIASIS IN VENEZUELA: A FATAL AMERINDIAN CASE REPORT FROM ZULIA STATE. Castro F* and Chacín-Bonilla L. Instituto de Investigaciones Clínicas, Universidad del Zulia, Maracaibo, Venezuela.

Visceral leishmaniasis (VL) has long been recognized in Venezuela but little is known about its epidemiology. The disease appears to occur sporadically with a low endemicity. Up to the present 181 cases of visceral leishmaniasis have been recorded from 14/22 states of the country. In Zulia state, three cases have been reported from the eastern area. Nothing is known about the incidence of VL among South American indians. This paper reports a fatal Barí indian case of VL from Zulia state that appears to be the first one in Amerindian populations. A 9 months old male infant was admitted to a public hospital in Maracaibo city. He lived in a Barí indian rural village, Saimadoyi, in the Perijá mountains, in the southwest of the state, next to the Venezuelan-Colombian border. He had been suffering for one month from intermittent fever, abdominal swelling and coughing. Physical examination revealed 38°C fever, mucocutaneous pallor, a voluminous abdomen and hepatosplenomegaly. Laboratory tests showed pancytopenia. The hemoglobin concentration was 8.1 g/dL. The white blood cell count was 4.250/mm³, and the platelet count was 60.000/mm³. Malaria and VL, in second place, were the presumptive diagnosis. Thick blood films and a bone marrow aspirate did not show parasites. The patient acquired a *Staphylococcus aureus* sepsis and died 26 days after admission. Postmortem findings revealed hepatitis, splenitis, lymphadenopathy and interstitial pneumonitis and nephritis. The diagnosis of VL was made by finding leishmania amastigotes in hematoxylin and eosin stained histological sections of intestine, liver, spleen, lung and kidney. Notwithstanding that, there are few references to the incidence of histopathological involvement of the latter two organs in VL and it is remarkable that leishmania amastigotes are rarely seen. In the present case interstitial pneumonitis and nephritis with presence of leishmania amastigotes in lung and kidney confirm the relationship between these nosological entities and VL. The environmental conditions and the presence of *Lutzomyia longipalpis* in the central states of Venezuela suggest that VL is distributed in all states of the country and that the disease has remained underestimated. VL should be considered in the differential diagnosis of patients presenting fever, lymphadenopathy, hepatosplenomegaly and pancytopenia; it is essential to initiate control measures to prevent dissemination and to eradicate the disease.

- Anne-Laure*
 X 215 MOLECULAR EPIDEMIOLOGY OF *LEISHMANIA INFANTUM* IN MOROCCO: PRELIMINARY RESULTS. Riyad M*, Banuls AL, Bichichi M, ^{Cherif} Tibayrenc M, and Guessous-Idrissi N. Unité d'Etudes et de Recherche sur les Leshmanioses, Faculté de Médecine et Centre Hospitalier Ibn Rochd, Casablanca, Morocco; and Centre d'Etudes sur le Polymorphisme des Microorganismes, UMR CNRS/ORSTOM, Montpellier, France.

Visceral leishmaniasis (VL) is a zoonosis widespread in the Mediterranean area due to *Leishmania infantum* with a dog as the reservoir of the disease. In Morocco, human VL prevails in the north of the country with some 50 cases notified each year, but since 1993 few cases are regularly documented in the south. In dogs, the pattern of the disease show typical canine VL manifestations. The purpose of this preliminary study was to analyze the genetic variability of some Moroccan *L. infantum* stocks from different hosts and geographical locations in order to assess some relationship between parasite intrinsic factors and extrinsic data related to host, clinical features, and geographical origin. Six *Leishmania* stocks related to VL isolated either from humans (3/6) or dogs (3/6) were characterized by isoenzymes using 10 enzyme and RAPD on 11 primers. These 6 stocks shared identical isoenzyme patterns and were indistinguishable from reference strain IPT1 MON-1. On the other hand, their characterization by RAPD showed polymorphic profiles indicating a genetic variability, some primers exhibiting synapomorphic bands probably related with the species (*L. infantum*) and the host. Furthermore, one canine stock seems very distinct genetically from the others, leading to a clustering in two main groups. This preliminary work highlights the high correlation between isoenzymes and RAPD and indicates that RAPD may be an excellent taxonomic tool that displays an additional polymorphism. These genetic aspects will be discussed and correlated with epidemiological, host, clinical, and geographic data.

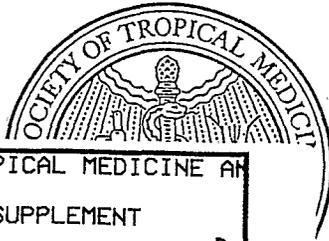
- 216 TREATMENT OF CUTANEOUS LEISHMANIASIS WITH DAPSONE (4,4 DIAMINODIPHENYLSULFONE) IN COLOMBIA. Osorio LE*, Ochoa MT, Palacios R, and Navin TR. CIDEIM, Cali, Colombia; and Division of Parasitic Diseases, National Center for Infectious Diseases, CDC, Atlanta, GA.



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