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A Complicated Case of Recurrent Visceral Leishmaniasis in an HIV-Negative Immunodepressed Patient

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Background:
Visceral leishmaniasis (VL) has a lower relapse rate in immunocompetent patients and a higher rate in immunosuppressed patients particularly in patients affected by HIV, but also in other immunosuppressive conditions [1, 2].

Case History
A 74-year-old woman with mixed connective tissue disease on steroid therapy had previously treated visceral leishmaniasis with liposomal amphotericin B (L-AmB). She admitted to Emergency Department for progressive asthenia and periodic low-grade fever. Exams showed pancytopenia, hypergammaglobulinemia and hepatosplenomegaly. Patient admitted to the Infectious Diseases ward and underwent a first bone marrow biopsy (BOM) negative for amastigotes. She developed fever and respiratory failure, requiring transfer to Emergency Medicine. Lung CT showed severe bilateral interstitial and parenchymal pneumonia with positive PCR nasal swab for Influenza A and positive blood culture for carbapenem resistant Acinetobacter Baumannii (CRAB). Patient was treated with Oseltamivir, Cefiderocol, and NIV; her condition resolved and she was retransferred to Infectious Diseases ward. A second BOM was positive for Leishmania PCR. She was successfully treated with L-AmB and Miltefosine.
Discussion: We describe a case report of a recurrence VL in an immunodepressed rheumatology patient receiving chronic steroid treatment. Immunosuppressive treatments due to rheumatologic diseases are considered at the highest risk of occurrence and recurrence of VL.

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