

### **Diagnosis: post Kala Azar dermal Leishmaniasis**

Post kala-azar dermal leishmaniasis (PKDL) is a late cutaneous manifestation of visceral leishmaniasis (VL), though it can occur without history of visceral disease. In India, the primary causative agent is *Leishmania donovani* and *Phlebotomus argentipes* is the vector. The rash appears 1–2 years after recovery from kala azar, the early lesions being hypopigmented macules followed by diffuse nodulation.

Our patient was treated with conventional Amphotericin B 0.5 mg/kg for 30 days along with tablet fluconazole and Rifampicin 600 mg daily. The nodular lesions flattened and the hypopigmented macules started repigmenting. However, after three months the biopsy continued to show granulomas with LD bodies and hence the patient was restarted on liposomal AMB.

In conclusion in Indian subcontinent, untreated cases of VL and PKDL are considered to be the sole reservoir for the transmission of the causative parasite. Hence, early Diagnosis and effective treatment of PKDL is very important for the elimination of kala Azar from the country.







