

#MADEEASY



PARASITIC INFECTIONS: CUTANEOUS
LEISHMANIASIS, **FILARIASIS,**
DRACUNCULIASIS

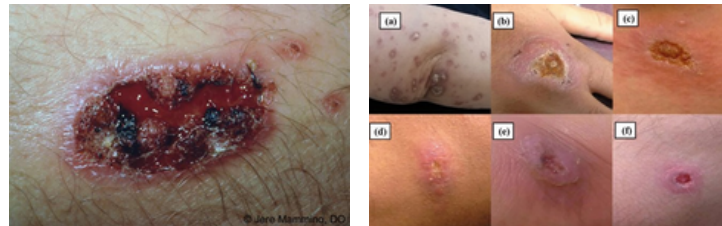




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CUTANEOUS LEISHMANIASIS

- Cutaneous leishmaniasis is a parasitic skin disease caused by *Leishmania species*.
- It is prevalent in tropical and subtropical regions (Middle East, Africa, South America).



Pathogenesis

- The *Leishmania* parasite enters the skin through the bite of a *sandfly*.
- Inside the host, it infects *macrophages*, leading to localised or disseminated skin lesions.

Clinical Features

- **Localised Cutaneous Leishmaniasis:**
Starts as a small papule at the site of the sandfly bite.
The lesion gradually enlarges into an *ulcer with a raised border and a central crust*.
Lesions are usually *painless*.
Imagine the skin being slowly eaten away, leaving a crater-like sore that can become crusty, like a scabbed-over wound.
- **Diffuse Cutaneous Leishmaniasis:**
Characterized by widespread skin lesions (often nodules) that do not ulcerate.
Lesions may spread over the body but tend to persist, causing disfigurement.





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- **Mucocutaneous Leishmaniasis:**
Ulceration and destruction of mucous membranes, particularly in the nose, mouth, and throat, can occur after primary cutaneous infection.



Diagnosis

- **Microscopy:** Demonstration of the parasite in skin smears or biopsy.
- **PCR:** Molecular testing to identify *Leishmania* species.
- **Culture:** Growing the parasite in special media from biopsy samples.

Management

- **Sodium stibogluconate** is the mainstay treatment for leishmaniasis.
- **Amphotericin B** used for severe or refractory cases.
- **Cryotherapy** may be effective for localized lesions.
- **Prevention**
Reducing contact with sandflies by using insect repellent, wearing protective clothing and sleeping under insecticide-treated bed nets.

FILARIASIS

- **Filariasis** is caused by parasitic nematodes (worms).
- The most common types affecting the skin are lymphatic filariasis (*Wuchereria bancrofti*, *Brugia malayi*).



Pathogenesis

- After being transmitted by a mosquito bite, the filarial larvae migrate to the lymphatic system where they mature into adult worms.
- Chronic infection results in lymphatic obstruction and lymphedema.

Clinical Features

- **Lymphedema and Elephantiasis:**
Early symptoms: mild swelling of the limbs.
With chronic infection, massive lymphedema develops, leading to skin thickening, ulcerations, and a pebble-like appearance resembling the skin of an elephant.
Imagine your skin swelling and hardening, becoming like an elephant's leg!
- **Chyluria:** Presence of lymph in urine, causing it to appear milky white.
- **Dermatolymphangioadenitis:** Acute inflammation of the skin and lymph nodes





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Diagnosis

- **Blood Smears:** Detection of microfilariae in blood samples
- **Ultrasound:** Can detect adult worms in the lymphatic system
- **Antigen Testing:** Blood tests for filarial antigens.

Management

- **Diethylcarbamazine (DEC):** Main treatment for killing microfilariae and adult worms.
- **Ivermectin:** Often used in combination with DEC to kill microfilariae.
- **Antibiotics:** Doxycycline targets the symbiotic bacteria within the worms, weakening them.
- **Supportive Care:** Elevation, compression bandages and skin care to manage lymphedema.
- **Prevention**
 - Vector Control**
Regular administration of DEC and albendazole in endemic areas to reduce transmission.

DRACUNCULIASIS (GUINEA WORM DISEASE)

- **Dracunculiasis** is caused by the parasitic worm *Dracunculus medinensis*.
- The disease is transmitted by drinking water contaminated with water fleas infected with the parasite larvae.
- The worm migrates through the host's tissues, emerging painfully from the skin.



Eradication in India

- India was declared free of dracunculiasis in 2000
- **Steps Taken for Eradication:**
 - Clean Water Supply:** Provision of safe drinking water to prevent ingestion of infected water fleas.
 - Filtration:** Educating communities to filter drinking water through fine mesh cloth to remove water fleas.
 - Raising awareness** about the importance of avoiding contaminated water sources.
 - Identifying and isolating cases** to prevent transmission.

Clinical Features

- **Emerging Worm:**
 - A blister forms on the skin, often accompanied by burning pain.
 - When the blister ruptures, the worm slowly emerges over several days.
- **Imagine a rope slowly being pulled out from under your skin—painful and long-lasting, like an endless thread.**
- **Secondary Infections:** Bacterial infections can occur at the site

