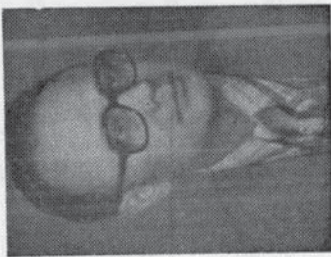


CASE REPORT



Kalazar In Kanti Hospital

YB. Shrestha*

Recently a case of Kalazar was admitted in Kanti Hospital, the details of which are as follows:-

Name of the patient—Bhim Kumar TAMANG
 Age—13 years
 Sex—Male
 Address—Ward No. 7, Thangol, DHADING

The other constitutional signs and symptoms were :

- Gradual loss of weight
- Sweating
- Progressive Anaemia
- Progressive discolouration of his body, more marked in exposed areas of the body, such as face, upper and lower extremities,
- Distension of abdomen, and
- General aches and pains throughout the body.

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Physical examination revealed a patient who was very pale, ill, febrile, toxic, and jaundiced. He had Pulse Rate of 80 per minute, regular Temperature 103, Weight 30.3 kg.

Abdomen— was found to be distended moderately, soft : Spleen was enlarged upto the level of umbilicus, smooth, with definite cover margin and was tender on palpation; Liver was enlarged upto 3 cms. below the costal margin.

Apart from the general aches and pains probably due to bone pains, there was no evidence of Lymphadenopathy; and other Systemic Examination revealed no significant findings.

A PROVISIONAL DIAGNOSIS of PUO with SPLENOMEGALY was made.

The following INVESTIGATIONS were done :

1. BLOOD— Haemoglobin-6.4 gms./100 ml blood
 Total Leucocyte Count-10,000.mm³
 Differential Count—Polymorphs 40% and Lymphocytes 60%
 Aldehyde test - strongly positive
 Serum Bilirubin- Total 3.5mg/100ml blood, Direct 2.4 mg/100 ml blood. Zinc sulphate 4 units.

2. URINE— Clear

3. STOOL— showed only undigested particles of food

4. CHEST X-Ray— Clear

5. BONE MARROW— This was done on 4/12/038 and the report given by the pathologist (DR. VL Gurubacharya) was as follows :

- Site-Iliac Crest
- Consistency-Normal
- Segment-Normocellular
- LE Ratio-Normal
- Erythropoiesis-Normoblastic but maturation arrest at the intermediate stage.
- Leucopoiesis-Normal
- Megakaryocytes-seen
- Reticulum cell-not seen

Plasma cell-increased
Abnormal cell-not seen
Parasites- LD BODIES seen.
DIAGNOSIS—KALAZAR.

The COURSE was relentless and progressive, the final COMPLICATION being the death of the patient.

DISCUSSION

Known as KAALO ZOR or BLACK FEVER—KALAZAR has been a very recognised illness in Nepal and the Indian Subcontinent. There are stories of how people, when they encountered cases of Kalazar, literally fled away from their village/villages to places of "safety", for then Kalazar means almost certainly a visitation of DEATH. Panic-stricken people, misguided by ignorance and terror, went even so far as to lynch the poor patient and burnt him to ashes so that there was no chance of "contamination" left whatsoever. Fortunately, due to the research done during the World Wars upon the soldiers affected and the places where epidemics took heavy tolls of human life, during the first quarter or half of 20th century, Kalazar has now completely or almost completely disappeared from the scene. For example, Kalazar was very much seen in India upto 50s, and slowly to disappear, during the 60s and 70s so that the doctors now have almost forgotten all about the disease. However, the disease is reappearing again recently. Cases do come to Kanti Hospital from certain areas of Nepal, even though in a trickle. As this case report was being typed, there is news in the local GORKHAPATRA (dated 30/1/039) that KAALO ZOR has started to appear in Janakpur Zone, viz. Dhanukha, Mahottari and Sarlahi. In the neighbouring country, India, there was report of increasing number of Kalazar cases in not too distant ago. It becomes all the more interesting from medical point of view and urgent from the Public Health point of view to concentrate our attention upon this problem for needful action.

Prevalent usually in N. Africa, E. Africa, Sudan, India and S. America Kalazar was also seen frequently among the children of Mediterranean Coastline. Nepal, being in the Indian Subcontinent, has her share of Tropical Diseases. In India this disease was usually found in the banks of Ganga and Brahmaputra and along the Eastern Coastal line: in other words, the areas affected were mainly therefore in UP, Bihar, Bengal, Assam in the North and Madras, etc. in the

South. China had her big share and so the S. American Continent : in fact it was in Paraguay in the year 1913 the insect vector, Sandfly,-Phlebotomus argentipis, was isolated.

Nepal being in the physical proximity of India, and in view of the open border, transmission of active cases must have occurred in our Terai region/regions. As the fact of the matter, cases have been reported periodically from various parts of the Terai - Nepalgunj, Dang and Baitadi in the west; Dhading and the adjoining area in the mid-mountain region and Morang in the East, so that hill, mid-mountain and Terai belt-all-are affected by this disease. The belief therefore that Kalazar does not occur above 2000 ft. above sea level does not seem to hold water. Probably the disease is also endemic in these areas and not seasonal i.e. sandfly season.

Clearly this problem calls for vigilant approach : the Epidemiological Diagnosis therefore must proceed side by side with the Clinical and Pathological Diagnoses so that proper intervention programme may be formulated at the higher level, for example in the National level, if necessary. Perhaps this aspect of study may be incorporated with the Surveillance Scheme of the Malaria Eradication Programme. In addition, in view of the peculiarity of sudden appearance in places where previously unmanifested, Kalazar needs to be looked for carefully.

REGARDING THE PRESENT CASE the following is of some clinical interest : the onset was insidious with general features of constitutional symptoms such as lethargy, malaise and headache; the fever was irregular although double rise and diurnal variation is said to be characteristic of the disease. Spleen was enlarged to a great extent beyond the level of umbilicus; liver was enlarged but to a few centimetres below the costal margin. There were Anaemia, loss of weight and characteristic earthy discolouration of the patient. JAUNDICE was a notable feature; in fact this was present almost from the very beginning of the onset. Jaundice was also found in the previous case of the author seen in an adult patient of 34 hailing from Dang, the western Terai whom in addition to the positive Aldehyde test, LD BODIES were demonstrated in the bone marrow.

Besides the diagnosis, there is a PRACTICAL PROBLEM in this particular case- i.e. the lack of Antikalazar drugs in the hospital and with the local chemist. In view of the almost non-use of the drug/drugs, nonavailability is

in some measure, natural. Unfortunately this nonavailability proved fatal in our case. One course of the drug was found to cost Rs. 1200/ which the party could not afford. Moreover the patient had a very rapid decline in a few days. Nevertheless, there must be a provision for such drugs in the hospital even though there may be a danger of this going waste.

Kalazar has been seen in the local BIR HOSPITAL also almost simultaneously. The patient recovered with proper treatment, the cost of treatment being Rs. 1500/ which the hospital bought for the patient with considerable difficulty.

CONCLUSION

Kalazar appears to increase recently in Nepal. It needs to be watched carefully and proper measures should be taken beforehand.

REFERENCES;:-

1. *Manson-Bahr*, Tropical Medicine
2. *Khatrri, IB.* : Personal communication
3. *Shrestha, S.M.* : Personal communication.

ANNOUNCEMENT

All doctors working with children anywhere in the world and interested in the child welfare are cordially invited to attend SECOND NEPAS CONGRESS being held at Kathmandu, Nepal from 17th-20th February, 1984.

The first day will be a pre-congress workshop on PAEDIATRIC EDUCATION FOR HEALTH PERSONNEL IN NEPAL. The remaining three days will be devoted to HEALTH CARE FOR RURAL CHILDREN—the theme of the Congress.

Persons wanting to attend the Congress or read a paper should get in touch with the Organising Secretary at the undermentioned address:-

Dr. Ramesh K Adhikari
Organising Secretary
SECOND NEPAS CONGRESS
Nepal Paediatric Society,
POB No. 2668, Kathmandu, NEPAL.