



## CORRESPONDENCE

## Visceral Leishmaniasis in A Native Kashmiri Boy

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### Query

I read with interest the case report 'Visceral Leishmaniasis in a Native Kashmiri Boy' published in the July-September 2009 issue of JK Science (1). In the case history the authors have failed to mention whether the child residing at Uri in South West Kashmir was indigenous/native to the area or was an outsider. Further also whether the patient had ever visited known endemic area for Kala azar or not. It is for the information of authors that the presence of known disease vector *P. papatasi* has been recorded in the Northern mountain region of India and it is in this region Kashmir valley is located (2). Further it is not correct that *L. tropica* and *L. donovani* are not found in the same locality and the presence of both these vectors has been shown all along the Satluj River valley, from Pooch sub division of Kinnaur district (upper limit) to Kumarsain subdivision of Shimla district with adjoining Nirmand subdivision of Kullu district (3). The favorable response to treatment with pentavalent antimonial means visceral leishmaniasis is sensitive to this treatment unlike known endemic region in India where resistance to sodium stibogluconate is known. Documentation of cutaneous leishmaniasis in native Kashmiris of the Uri belt in South-west Kashmir has previously been done (4). With the documentation of visceral leishmaniasis in this area now mandates further research into the epidemiology, geographic distribution and inter-species interactions of the *Leishmania* parasite. A detail survey of sandflies is also required in the area. Epidemiological work is required in this area to substantiate the presence or absence of any zoonotic reservoir.

### References

1. Mahajan D, Bhat ML, Singh JB, Hans D. Visceral Leishmaniasis In A Native Kashmiri Boy. *JK Science* 2009; 11:152-53
2. Kaul SM, Jain DC. Distribution of phlebotomine sandflies (Diptera: Psychodidae) according to the physiographic divisions of India. *J Commun Dis* 1995; 27: 155-63
3. Sharma NI, Mahajan VK, Negi AK. Epidemiology of a New Focus of Localized Cutaneous Leishmaniasis in Himachal Pradesh. *J Commun Dis* 2005; 37: 275-80

### Reply

I would like to thank you for showing keen interest in the case report published in JK Science (1) and for going through it so explicitly. Queries raised by you are welcome and are explained as under; We have clearly mentioned visceral leishmaniasis in a Native Kashmiri boy, The word Native literally means the one residing at the place mentioned, It does not need further mentioning of residence of the subject mandatory. As for history of travel outside Kashmir is concerned, it was not there, the boy in question is from native (Gujjar) community, a poor lot, hardly move out of state. *P. papatasi* may have been recorded, but no documentation of its presence has been made in epidemiological studies of Kashmir. It is again worth mentioning that *L. tropicana* and *L. donovani* have not been documented in Kashmir, that is why disease is so rare in Kashmir as compared to rest of India, and this very fact makes this case report worth publishing. It is indeed a topic of research for epidemiologists to pursue. Comparing its documentation in some areas of Himachal Pradesh can be made on mere assumptions, and it again needs to be further confirmed by epidemiologists. As cutaneous leishmaniasis has been already reported from Kashmir, documentation of Both visceral and cutaneous leishmaniasis, has opened new chapters of research for epidemiologists, to study the disease, possible vectors and areas of involvement in Kashmir. Your suggestions and queries are welcome in future also.

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4. Leherwal MA, Yasin SB, Ahmed SB. Diagnosis of cutaneous leishmaniasis by FNAC-Report of three cases. *J Cytol* 2004; 21: 103-05.

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