

**PKDL**

**POST KALA-AZAR DERMAL  
LEISHMANIASIS**

# POST KALA-AZAR DERMAL LEISHMANIASIS

PKDL or Dermal Leishmanoid occurs as a result of therapeutic cure from visceral leishmaniasis caused by *L. donovani*.

It is caused by the transformation of the parasite from VISCEROTROPIC to DERMATOTROPIC.

It generally develops 1-2 years after completion of antimonial treatment for the original disease (Kala-azar).

The visceral infection disappears but the skin infection persists.

# PREVALENCE

(Continued)

Occasionally been reported in spontaneously cured patients and

In patients with no history of visceral disease, probably as a result of subclinical infection.

In India prevalence is 10-20% of cured cases.

Very high incidence (> 50%) has been seen in Sudanese epidemic in 1994.

# Pathogenesis

(Continued)

**Hypopigmented Macules:** Anywhere on the body, especially the upper trunk, arms, thighs, forearms, legs, abdomen & neck.

**Erythematous Patches:** They appear later on nose, cheeks and chin. (having butterfly distribution)

# Pathogenesis

(Continued)

**Yellowish-pink Nodules:** Nodules appear mostly on the face, sp. on the nose, cheeks, chin, lips, forehead, ears.

They are soft, painless, granulomatous of varying sizes.

They do not ulcerate unless traumatized.

**Differential Diagnosis :** Lepromatous leprosy.

# DIAGNOSIS OF P.K.D.L

(Continued)

## BIOPSY:

Biopsy is taken from Nodular Lesions ,

Leishman-stained smear prepared

which reveals amastigote form of *L. donovani*.

Direct smear examination from the hypo-pigmented macules does not generally reveal any parasite.

Thank You