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Cutaneous leishmaniasis among Syrian refugees' children in a tertiary hospital in Izmir, Turkey

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Background & Aim: Turkey is accepted as an endemic region for leishmaniasis. Cutaneous Leishmaniasis (CL) is more frequent in South and South-eastern Anatolia regions, but it is seen rarely in the Aegean region of Turkey. It is sporadic in endemic areas but epidemics occur when susceptible people gather in large numbers as during refugee movement. The Syrian population has been affected by the protracted conflict. Turkey now hosts the world's largest community of Syrians displaced. According to United Nations estimates, Turkey's Syrian refugee population was more than 1.7 million as of mid-March 2015. The conditions of war among civilian populations exacerbate risk factors for the spread of infectious diseases. Cutaneous leishmaniasis has been endemic in parts of Syria. The aim of this study was to evaluate the clinical and therapeutic features of the CL among Syrian refugees' children in Izmir Tepecik Training and Research Hospital in Izmir, Turkey.

Method: A total of 12 Syrian refugees' children with CL in the Department of Pediatric Infectious Diseases of Izmir Tepecik Training and Research Hospital between September 2013- December 2015 were evaluated in the study.

Result: 12 patients, 10 males (83.3%) and 2 females (16.7%) were studied. During the study period, no Turkish children were diagnosed with CL in our hospital. The age of the patients ranged from 2 to 13 years (mean age 4.7 years). Duration of the disease ranged from a minimum of 3 month to a maximum of 16 months (mean duration 6.8 months). Single lesions were most commonly seen in these patients (n=9, 75%). Multiple lesions were recorded in 3 patients (25%). Regarding the site involvement, upper limb was the most commonly involved site among these children (n=5, 41.7%). Two patients (16.7%) had face, 2 patients (16.7%) had trunk, and 1 patient (8.3%) had lower limb involvement. Multiple sites were involved in 2 patients. The clinical type of lesion in most of patients was nodulo-ulcerative (n=9, 75%), 3 patients (25%) had nodular lesions. Nine patients were treated with four doses of weekly intralesional injections of Sodium stibogluconate. One patient with facial lesion was treated with Fluconazol. Another patient with facial lesion was treated with liposomal Amphotericin B.

Conclusion: We evaluated 12 pediatric patients who diagnosed with CL among Syrian refugees in our hospital, in Aegean region of Turkey. No Turkish children were diagnosed with CL, during the study period. Although Aegean region of Turkey remains hypoendemic for CL, physicians must be alert to the diagnosis of CL among Syrian refugees.

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