A 30-year-old Polish man presented with a two-week history of fever, night sweats, 7kg weight loss and LUQ pain.

- **PMHx:** Generalised myasthenia gravis, thymectomy.
- **DHx:** Prednisolone, pyridostigmine, azathioprine, omeprazole, alendronate and amitriptyline. Azathioprine was stopped two weeks previously due to pancytopenia.
- **SHx:** Painter and decorator. No smoking or alcohol.
- **Travel Hx:** Travel to Poland twice a year. 1 week holiday in Alicante, Spain, 5 months before. **Pets:** Goldfish but no other animal exposure. No obvious bites nor stings.

**Vitals:** HR 104, BP 102/69, RR 14, SpO₂ 100%, swinging fevers 39-40°C. **Examination:** Thymectomy scar and tender splenomegaly palpable 2cm below costal margin.

### Initial Investigations

<table>
<thead>
<tr>
<th>Lab Bloods</th>
<th>Pancytopenia:</th>
<th>Microbiology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hb 70g/L (nadir), WCC 0.6 x 10⁹/L, Neut 0.35 x 10⁹/L, Pt 31 x 10⁹/L</td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td>U&amp;E and LFTs:</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>LDH: Albumin:</td>
<td>548 U/L</td>
<td>32g/L</td>
</tr>
</tbody>
</table>

**Specialist serology**

- **HV, CMV, toxoplasma, leishmania, flavivirus, rickettsial and Coxella burnetti serology:** All negative
- **EBV IGM:** Positive (viral load 2,379 copies/ml)
- **Immunology**
  - ANA and rheumatoid factor
  - Immunglobulins: IgG 15.2g/L, IgA 0.85g/L, IgM 0.25g/L
- **Imaging**
  - CT C/A/P: Splenomegaly 19cm longitudinal axis, no lymphadenopathy or new collection

### Management and Clinical Course

- 9 days of empirical treatment with IV meropenem, vancomycin and micafungin → no clinical improvement.
- Blood transfusion, G-CSF and platelet transfusion.
- **Bone marrow biopsy** → no evidence of haematological malignancy or leishmaniasis.
- **Splenic biopsy at day 14 → Leishmaniasis amastigotes** seen
- Rapid clinical response to liposomal Amphotericin B (4mg/kg on days 1-5, 10, 17, 24, 31, 38).
- Co-trimoxazole prophylaxis (HIV → but CD4 count 67/mm³)
- Remains well 9 months after treatment completion.

### Case Presentation

An Unusual Case of Visceral Leishmaniasis in an Immunosuppressed Patient with Myasthenia Gravis

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### Discussion


### References