

Abstract

Visceral leishmaniasis is an emerging infection in Sri Lanka with many clinical forms. The report describes a case of visceral leishmaniasis presenting with fever and hepatomegaly.

A 33-year-old woman from Western Province with an employment history in Middle East presented with fever for eleven days, fatigue and calf pain on exertion, and weight loss for six months. Physical examination was notable for pallor and hepatomegaly without any lymphadenopathy or splenomegaly.

A diagnosis of visceral leishmaniasis was confirmed with positive polymerase chain reaction and culture for *Leishmania* in bone marrow. Core biopsy of liver revealed focal active chronic hepatitis with evidence of cirrhosis. Conventional amphotericin therapy achieved resolution of fever, but hepatomegaly persisted. Early cessation of therapy due to treatment-related complications resulted in resurgence of fever with worsening of clinical condition. Completion of twenty-one-day course of amphotericin brought clinical resolution. Follow-up evaluation was significant for seropositivity for anti-smooth muscle antibody. However, the evidence was insufficient for a diagnosis of co-existent autoimmune hepatitis.

The case highlights the importance of suspecting visceral leishmaniasis in the evaluation of prolonged fever with hepatomegaly and the importance of complete treatment regimen in confirmed cases.