

Comment on "Leishmania in SLE mimicking and exacerbation"

Sirs,

We read with interest the article by Ossandon *et al.* (1) entitled "Leishmania in SLE mimicking an exacerbation". In their article the authors highlighted the overlapping clinical and laboratory features between the two diseases and, in their review, they concluded that only 7 cases of visceral leishmaniasis (VL) in systemic lupus erythematosus (SLE) have been previously reported, their being "the first reported case in an Italian patient".

As a matter of fact, in Lupus 2004 (2) we described the occurrence of VL in 3 patients coming from the Northern part of Italy, one of them suffering from SLE. Also in our case, very similar to that now reported, VL was firstly interpreted as a flare-up of the underlying connective tissue disease. In two other cases, VL symptoms were interpreted as due to the immunosuppressive therapy used to treat, respectively, a case of polymyalgia rheumatica and a case of rheumatoid arthritis. In our report, we reached the same conclusions as Ossandon *et al.*, recommending in each immunosuppressed patient affected by SLE or other systemic autoimmune disease with fever, pancytopenia, hepatosplenomegaly and increased ESR and/or CRP, a careful examination in order to rule out VL infection. We do not know if our case was the first reported in Italy, but certainly it was described before the one reported by Ossandon *et al.* in this journal.

By simply clicking "leishmaniasis and connective tissue diseases" on the PubMed resource database, 52 items including our paper promptly appear, at least 11 of them describing the overlapping features between VL and SLE. Truly relying on a "bona fide"

inadvertence of Ossandon *et al.* concerning citation omissions, we seize the opportunity to again recommend that clinicians involved in the diagnosis and treatment of systemic connective tissue diseases be aware of this very confounding occurrence.

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References

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2. CASTELLINO G, GOVONI M, LO MONACO A, MONTECUCCO C, COLOMBO F, TROTTA F: Visceral leishmaniasis complicating a connective tissue disease: three case reports from Italy. *Lupus* 2004; 13: 201-3.

Reply

Sirs,

We read the letter sent by Castellino *et al.* (1) and the corresponding article, which described a case with systemic lupus erythematosus (SLE) and visceral leishmaniasis (VL) among the three patients with connective tissue disease they presented.

In our report (2), which was focused on SLE and VL, we missed this case because the authors did not use the word lupus or SLE neither in the title nor in the abstract, thus the search on PubMed using our key words (VL, SLE, fever and pancytopenia) and similar words did not give back their article in the results.

We are pleased that another case has been described because the common message is very important, since the misinterpretation of symptoms and laboratory results in a patient with SLE and VL, can lead to an increase of the immunosuppressive treatment in the conviction of a lupus flare and eventually to the death of the patient.

The eleven cases mentioned in the letter by Castellino and colleagues include cases of VL resembling some features of SLE, not of additional adult SLE patients with VL (3, 4), as it was in the aim of our article.

However, we are delighted to give doctor Castellino and colleagues the honour of the first Italian description.

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