Treatment and investigation on re-emerge leishmaniasis cases in Henan province, China

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Objective: To treat and investigate the leishmaniasis epidemic situation in Linzhou county of Henan province, China, evaluate the effect of treatment and risk of transmission.

Methods: The data of clinical and treatment of new found leishmaniasis cases in Linzhou county were collected. Epidemiological investigations were conducted in spots.

Results: 2 kala-azar cases were reported in early 2016 in Linzhou County, where no case has been reported since 1973. Both were children under age of 2 years old, who lives in adjacent administrate villages of Yuan Kang Township. The main symptom was fever, body temperature up to 40 oC with reduction of whole blood cells and albumin. Rapid test of rK39 antibody were positive. Leishmania amastigote was detected by bone marrow aspiration smears examination and confirmed the diagnosis. The patients were cured by treatment of sodium stibogluconate injection. Epidemiological investigations were conducted in spots. The results show that there is epidemic kala-azar in Linzhou County in the history. The highest incidence of 495.98/100000 was recorded in 1949. 7816 cases and 2006 death had been reported since 1949. No patients with symptoms of leishmaniasis were found when visited 10 department and wards in 2 hospitals. Indoor questionnaire survey were conducted to in 3658 people in 1236 households, 10 natural villages of 3 adjacent administrative village, no patients with symptoms of leishmaniasis were found. No positive was found among 20 children under the age 5 by rK39 rapid test. 105 dogs were detected by rK39 rapid test and 4 (3.81%) positive, which Leishmania amastigote were found by splenic imprint examination in 2 dogs. Ones and fly (Phlebotomus chinensis) was captured by using mosquito-lured lamp in early of June, 2016.

Conclusions: Treatment of sodium stibogluconate injection to leishmaniasis is effective. There is re-emerge dog-source leishmaniasis situation in Linzhou county of Henan province.

Thrombolytic therapy by tissue plasminogen activator for pulmonary embolism

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Clinicians need to decide about the use of thrombolytic (fibrinolytic) therapy for pulmonary embolism (PE) after carefully considering the risks of major complications from bleeding, and benefits of the treatment for each individual patient. They should probably not use systemic thrombolysis for PE patients with normal blood pressure. Treatment by human recombinant tissue plasminogen activator (rt-PA), alteplase saves lives of high-risk PE patients, i.e., those with hypotension or shock. Even in the absence of strong evidence, clinicians need to choose the most appropriate regimen for administering alteplase for individual patients, based on assessment of the urgency of the situation, risks for major complications from bleeding and patients body-weights. In addition, invasive strategies should be considered when absolute contraindications for thrombolytic therapy exist, serious complications arise or thrombolytic therapy fails.