Cutaneous leishmaniasis in Cuban immigrants to Texas who traveled through the Darién Jungle, Panama

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ABSTRACT

Cutaneous leishmaniasis (CL) is rarely seen in the United States. Four Cuban immigrants traveled along the same route at different times from Cuba to Ecuador, then northward, including the Darién jungle, Panama. These patients presented with chronic ulcerative non-healing skin lesions and were diagnosed with leishmaniasis.

INTRODUCTION

Leishmaniasis is a vector-borne disease caused by the protozoan parasite of the genus Leishmania and is spread by the bite of sand flies from the sub-family Phlebotominae. There are various clinical manifestations of leishmaniasis, including cutaneous leishmaniasis (CL), mucocutaneous leishmaniasis (MCL), and visceral leishmaniasis. CL occurs at the site of the bite, with lesions forming weeks to months later starting with a papule, which then develops into a nodule or plaque-like lesion and progresses to a painless ulceration with an indurated border.

Here, we report four cases of CL due to Leishmania Viannia panamensis in Cuban immigrants who traveled through the Darién Gap jungle between Colombia and Panama on their journey north to the United States. This region has previously been shown to have high transmission rates of leishmaniasis, and, in 2012, Panama experienced an outbreak beyond expected endemic rates.

This case series highlights a previously underappreciated immigration route to the United States for Cubans and the need to include leishmaniasis as a differential diagnosis for non-healing skin ulcers in this patient population.

CASE HISTORY

Four individuals immigrated to the United States from Cuba along a similar route, though at different times.

• Patients denied systemic complaints.
• No mucosal involvement.
• Punch biopsy performed for diagnosis through histology (BCM), and species-specific polymerase chain reaction (PCR) and culture (Centers for Disease Control and Prevention, CDC).
• Using PCR, the CDC confirmed L. [V.] panamensis.

Lesions on Presentation

Patient 2

Lesions After Treatment

Patient 2 at 6 months

Patient 4 at 3 months

CONCLUSION

This report highlights a previously underappreciated immigration route for Cubans through Central America, placing immigrants at risk for a number of emerging tropical diseases including leishmaniasis. Physicians should be aware of this immigration route when treating Cuban immigrants and include leishmaniasis in the differential diagnosis when treating non-healing skin ulcers in this patient population. AmBisome can be a well-tolerated and efficacious treatment for CL caused by L. [V.] panamensis.

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