INTRODUCTION: Visceral leishmaniasis is an infectious disease caused by the protozoa of the genus Leishmania, which has received little importance due to some factors such as, ignorance of the pathology, endemic characters, difficulties in the diagnosis, and few information about leishmaniasis. In this disease, called KALA-ZAR, the protozoas disseminate by bloodstream, infecting macrophages in several organs, especially liver, spleen, bone marrow, and lymph nodes.

SUBJECTS AND METHODS: The study of five cases with confirmed diagnosis by immunologic tests, biopsy, inoculation of hamsters, and positive cultures on NNN medium.

RESULTS: Incidence of visceral leishmaniasis in Hospital Infantil de Mexico is very low, 5 cases in 52 years (1943-1995) and 1 case in the last nine years. The frequency was higher in late infants (80%), predominating in the boys (60%), from known endemic areas (rural places of the states of Puebla, Guerrero, and Oaxaca, 100%). The most common clinical manifestations were fever (100%), hepatomegaly (100%), diaphoresis (80%), abdominal distension (60%), and lymphadenopathy (80%). The most outstanding results of laboratory were an important pancytopenia (100%) with anemia of 2.5 to 7.4 g/dl, leukopenia of 1400 to 3000 cells/mm3, thrombocytopenia of 20000 to 130000 platelets/mm3, and hyperglobulinemia (100%). The diagnosis were substantiated by spleen and liver biopsy (40%), liver biopsy (20%), bone marrow aspiration (20%), immunologic tests (80%), inoculation of hamsters (20%), and positive cultures on NNN medium (60%). The medical treatment included antimonials (100%) such as, stibugluconate sodium (40%) and meglumine antimonate (60%). Nobody presented side effects. Two patients required splenectomy. One patient died (20%) due to infectious complication.

DISCUSSION: New places of our country have been presenting cases of visceral leishmaniasis in the last 3 years. All patients studied in this casuistry came from known endemic areas. The clinical manifestations and the evolution of the disease presented by all patients were according to the described in the literature. Nobody suspected the pathology in any patient in the admission. The diagnosis were hepatomegaly, abdominal mass, infiltrative or infectious process (leukemia, tuberculosis, infectious mononucleosis…etc.). One of the important conclusions is that in cases of patients with fever, hepatoesplenomegaly, hyperglobulinemia, pancytopenia, from endemic area, we must consider visceral leishmaniasis as a diagnosis until proven otherwise.