UNUSUAL PREVALENCE OF *LEISHMANIA BRAZILIENSIS BRAZILIENSIS* IN FOUR FAMILIES

In the area of Três Braços, Bahia, Brazil, one of the few remaining areas of bahian littoral forest, tegumentary leishmaniasis is endemic[1]. *Leishmania braziliensis braziliensis* is responsible for the great majority of infections[2] and as a result mucosal metastasis is frequently seen[1,3]. A five year longitudinal study (1979-1984) of the prevalence and incidence of tegumentary leishmaniasis among 2,494 people living in 15 farms has recently been analysed (Jones TC: personal communication). The data show that leishmaniasis is a sporadic endemic disease occuring irregularly in different farms throughout the period of study. Usually only one case occurred in family during this period (75%). Two cases occurred in 16% of families while only 9% of families recorded 3 or more cases.

However have seen an unusual prevalence of leishmaniasis in four families in the area and it is these families we wish to report here.

Table 1 lists relevant epidemiological data on the four families. High numbers of cases of leishmaniasis occurred in each family. From two patients in Family 1 with cutaneous disease and one patient with mucosal disease in each of families 3 and 4 stocks were recovered and identified as *Leishmania braziliensis braziliensis*.

A number of family members acquired the disease in the same year a situation resembling the micro epidemics seen in certain farms. These years were variable and in three instances (Family 2 and two occasions in Family 4) coincided with the clearing of forest for a new house or plantation. All families lived in heavily forested areas and we have recently reported an association between mucosal disease patients and forest regions in this area[4]. The number of patients with mucosal disease is variable and will depend on the time interval after initial cutaneous infection[3].

Negroid origins has been suggested as a factor favouring mucosal involvement but in the very mixed Brazilian populations skin colour was not associated with a greater incidence of mucosal disease[5]. In these four families Family 4 had the lightest skin colours and the highest number of patients with mucosal disease. It would seem that the unusual incidence of leishmaniasis in these families is not due to a genetic predisposition but to high risk epidemiological factors associated with house siting and forest clearing.

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Table 1 – *Prevalence of mucocutaneous leishmaniasis* in four families*

Family No.	*Initials of family head*	*No. of family members*	*No. with skin scars of leishmaniasis*	*No. acquiring disease in same year*	*Year of maximum acquisition*	*No. with mucosal disease*
1	J T	9	8	4	1981	0
2	B O	13	8	7	1972	1
3	F S	10	7	3	1967	2
4	P S	9	6	3 and 3	1972 and 1975	3

(*) All skin scars were associated with a positive Montenegro test.

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