IMAGES IN CLINICAL MEDICINE

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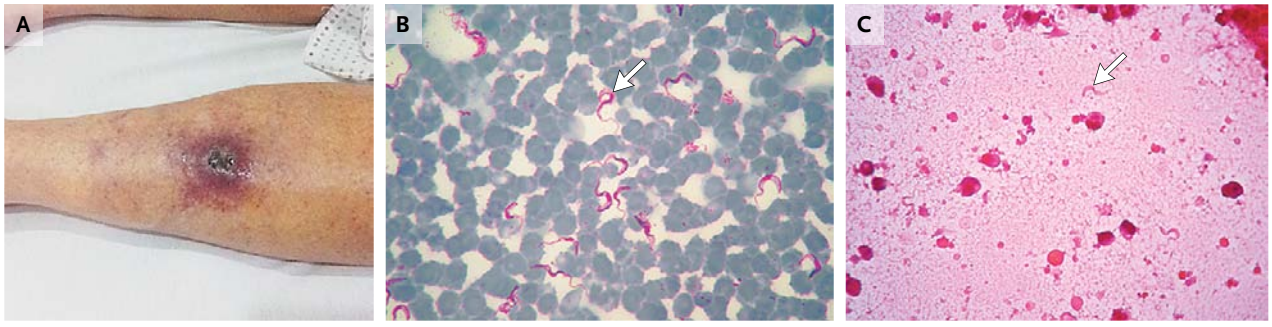
African Trypanosomiasis in Argentina



A 65-year-old man was admitted to the hospital with a 4-day history of fever, asthenia, myalgia, and arthralgia. The physical examination revealed two violaceous lesions measuring 3 cm in diameter with shallow ulceration in the lower portions of both legs (Panel A). He reported having been bitten by a tsetse fly during an annual hunting trip in Zambia and had returned to Argentina 10 days before his admission. Microscopical examination of blood (Panel B, arrow) and fluid from one of the lesions (Panel C, arrow) revealed *Trypanosoma brucei rhodesiense (T.b. rhodesiense)*, which causes human African trypanosomiasis (also called sleeping sickness). Tanzania, Malawi, Zambia, and Zimbabwe are typical countries of origin for cases of *T.b. rhodesiense* human African trypanosomiasis, which may be an acute, life-threatening disease characterized by fever (103 to 105°F [39.4 to 40.6°C]), parasitemia, and chancre. Because of difficulties in obtaining suramin, we initially administered pentamidine and switched to suramin 48 hours later. Subsequently, the patient's condition worsened, and he was admitted to the intensive care unit with the acute respiratory distress syndrome, along with hepatic and renal failure. Mechanical ventilation and hemodialysis were initiated. Disseminated intravascular coagulation developed, and the patient died 3 days later from ventricular arrhythmia.

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