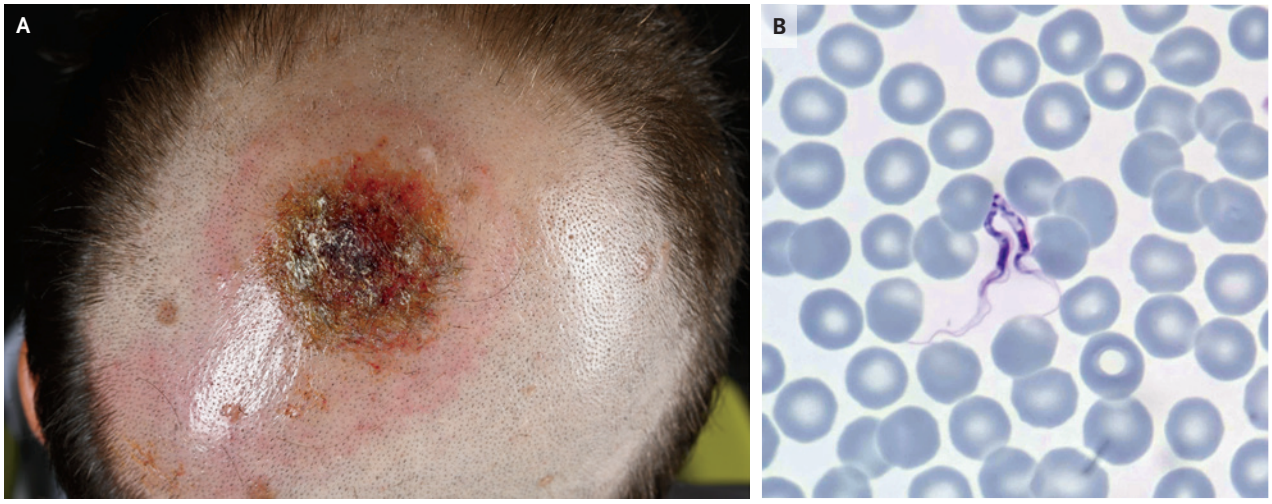
IMAGES IN CLINICAL MEDICINE

Human East African Trypanosomiasis



A 34-year-old man presented to the emergency department a week after returning from a safari in Zimbabwe with a 4-day history of fever and generalized weakness. On physical examination, a crusted, tender lesion on the crown of his head was noted. With the patient's permission, the parietal scalp was shaved, revealing an ulceration measuring 4 cm by 4 cm with surrounding erythema (Panel A). A Giemsa-stained peripheral-blood smear showed trypomastigotes, a form of the parasite *Trypanosoma brucei* (Panel B). A polymerase-chain-reaction assay identified the subspecies *rhodesiense*. A diagnosis of human East African trypanosomiasis — also known as sleeping sickness — was made. Sleeping sickness is transmitted by the bite of infected tsetse flies. A local inflammatory reaction forms at the site of inoculation, causing a painful ulceration. Patients with fever who have recently returned from areas where sleeping sickness is endemic warrant immediate diagnostic evaluation, including a blood smear. Intravenous pentamidine — the only medication readily available — was initiated. The patient had clinical improvement, but blood smears remained positive after 4 days of treatment. Fexinidazole was subsequently acquired, and after 2 days of treatment, blood smears turned negative. After a 10-day course of fexinidazole, the patient had a complete recovery.

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