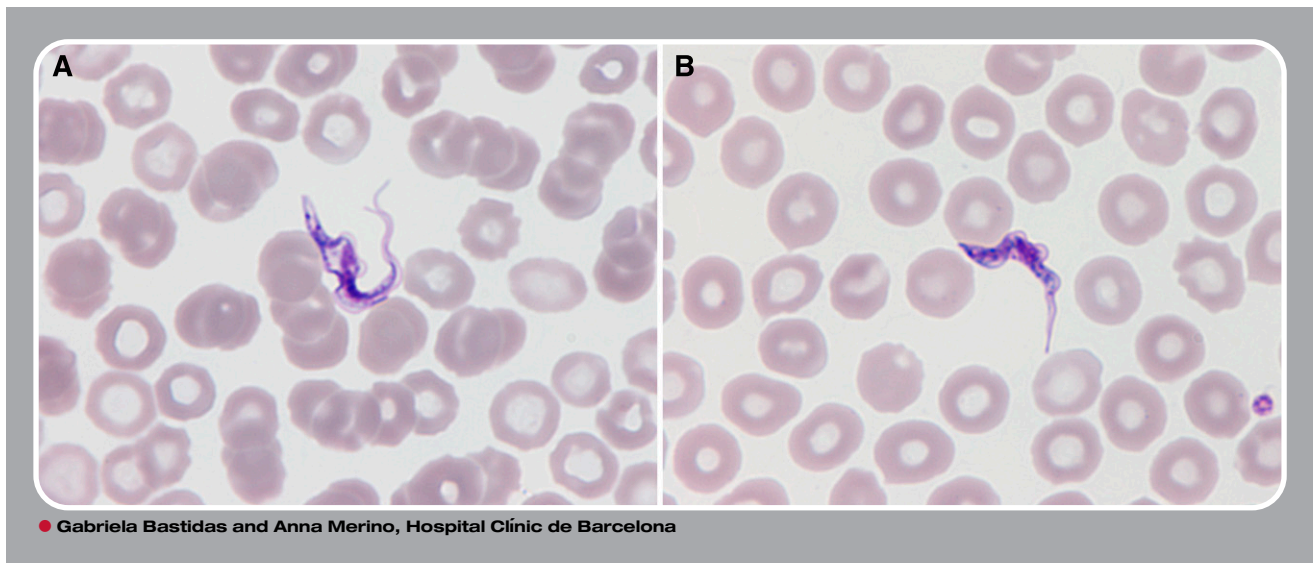


## Human African trypanosomiasis diagnosis by peripheral blood smear review in a Spanish traveler



**A** 49-year-old Spanish woman presented immediately on return to Spain from a 2-week visit to Tanzania with malaise, fatigue, arthralgia, and high fever (39°C). She had a medical history of dengue 4 years ago. Physical examination revealed signs of an arthropod bite on the neck with an evident chancre. Hepatosplenomegaly and lymphadenopathy were absent. Blood analysis showed leukopenia ( $2.3 \times 10^9/L$ ) and thrombocytopenia ( $55 \times 10^9/L$ ), low prothrombin index expressed as a percentage (66%), increased lactate dehydrogenase (622 IU/L; normal, 250-450 IU/L), and hepatic transaminase values (aspartate aminotransferase: 159 IU/L; normal, 5-40 IU/L; alanine aminotransferase: 207 IU/L; normal, 5-40 IU/L). The peripheral blood film was diagnostic for trypanosome infection, showing the presence of extracellular flagellated parasites (see panels A and B). The same parasites were seen in the material obtained from the trypanosomal chancre. Cerebrospinal analysis and an abdominal computed tomography scan were normal. She recovered after treatment with suramine administered intravenously. The patient was diagnosed with human African trypanosomiasis in the early stage caused by *Trypanosoma rhodesiense*.

Chronic and intermittent fever, headache, and lymphadenopathy are the leading signs and symptoms of the first stage of human African trypanosomiasis [*Infect Dis Clin North Am.* 2012;26(2):261-273] and may pose diagnostic challenges to health professionals in nonendemic countries. Blood film review is essential for the early detection of this disease.



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