La leishmaniose cutanée chez la femme et l'enfant : entre stigmatisation et atteinte des droits humains

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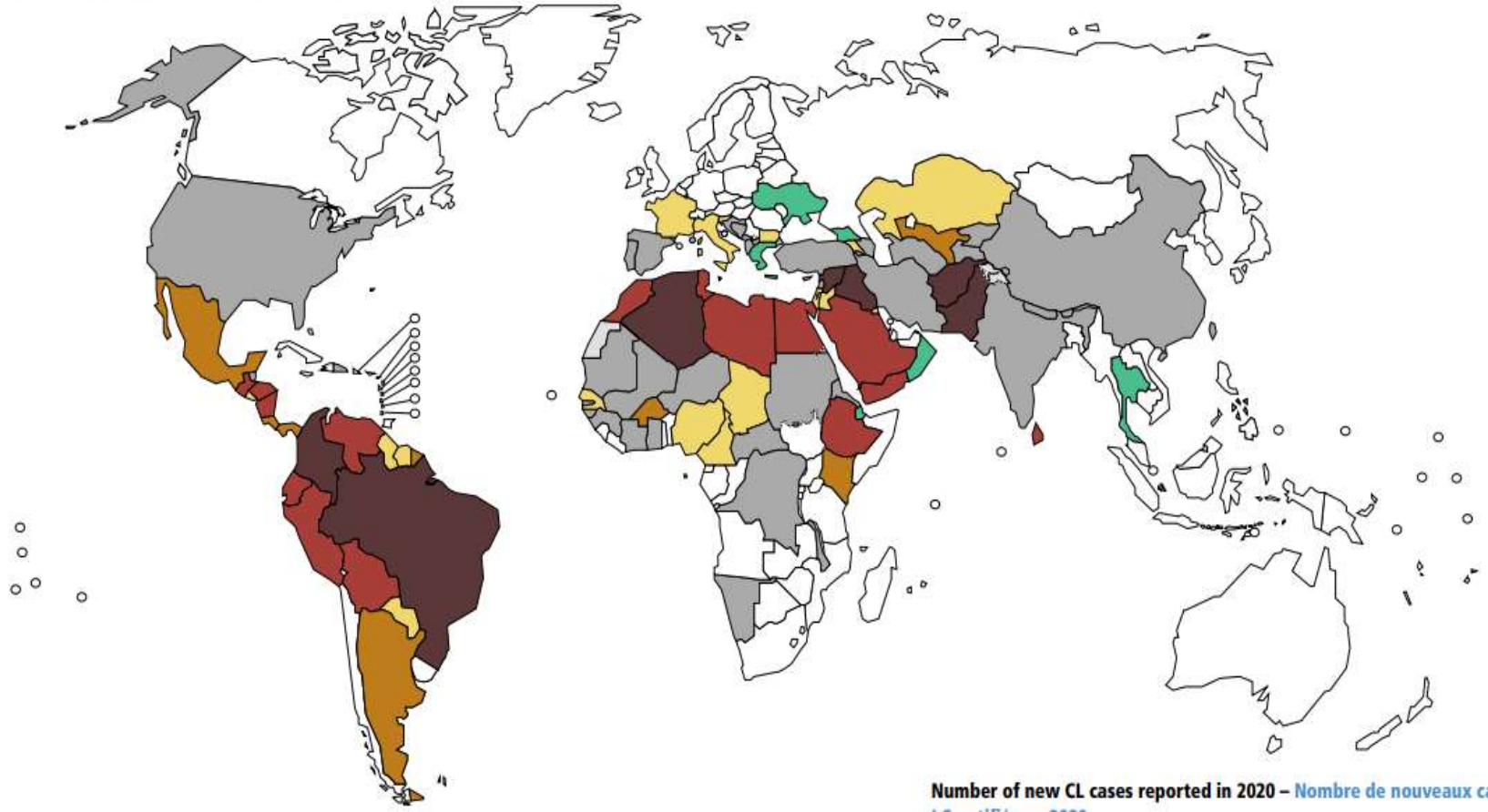
Pas de conflit d’ intérêt

Map 1 **Status of endemicity of cutaneous leishmaniasis (CL) worldwide, 2020**
Carte 1 **Endémicité de la leishmaniose cutanée (LC) dans le monde, 2020**



Countries reporting imported CL cases – Pays notifiant des cas importés de LC

Brazil – Brésil: 291
Lebanon – Liban: 239
France: 170
United Arab Emirates – Émirats arabes unis: 41
Saudi Arabia – Arabie saoudite: 32
Belgium – Belgique: 27
Ecuador – Équateur: 22
Egypt – Égypte: 19
Qatar: 15
Colombia – Colombie: 7
Argentina – Argentine: 6
Suriname: 4
Kuwait – Koweït: 3
Belarus – Biélarussie: 1
Russian Federation – Fédération de Russie: 1
Venezuela (Bolivarian Republic of) – Venezuela (République bolivarienne du): 1

Number of new CL cases reported in 2020 – Nombre de nouveaux cas de LC notifiés en 2020

0 cases reported
<100
100–999
1000–4999
≥5000
No autochtonous cases reported – Pas de cas autochtone notifié
No data – Aucune donnée
Not applicable – Non applicable

Data source: World Health Organization. – Source des données: Organisation mondiale de la santé.

Map production: Control of Neglected Tropical Diseases (NTD), World Health Organization. – Production de la carte: Lutte contre les maladies tropicales négligées (NTD), Organisation mondiale de la santé.

Global burden of cutaneous leishmaniasis: a cross-sectional analysis from the Global Burden of Disease Study 2013

Charte Karimkhani, Valentine Wanga, Luc E Coffeng, Paria Naghavi, Robert P Dellavalle, Mohsen Naghavi

Summary

Background High-quality epidemiological studies evaluating the burden of cutaneous leishmaniasis worldwide are lacking. We compared the burden of cutaneous leishmaniasis in each country to the overall global burden and assessed the equality of cutaneous leishmaniasis burden across different countries and regions.

Methods Data were extracted from scientific literature, hospital sources, country reports, and WHO sources on the prevalence of sequalae of both acute and chronic cutaneous leishmaniasis. Prevalence data were combined with a disability weight to yield years lived with disability. Disability-adjusted life-years (DALYs) are a sum of the years lived

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See Online/Comment http://dx.doi.org/10.1016/S1473-3099(16)00058-X

	Country	GBD region	2013 age-standardised prevalence (95% UI)	2013 age-standardised DALYs (95% UI)
1	Afghanistan	South Asia	8340 (5945–11598)	87·03 (37·72–175·01); p<0·0001
2	Sudan	Eastern sub-Saharan Africa	1925 (1276–2809)	20·24 (8·71–40·90); p<0·0001
3	Syria	North Africa and Middle East	865 (665–1135)	9·15 (4·15–17·71); p<0·0001
4	Yemen	North Africa and Middle East	593 (406–852)	6·25 (2·67–12·38); p<0·0001
5	Iraq	North Africa and Middle East	563 (388–783)	5·95 (2·50–11·55); p<0·0001
6	Burkina Faso	Western sub-Saharan Africa	458 (318–685)	4·84 (2·16–9·93); p<0·0001
7	Bolivia	Andean Latin America	440 (339–570)	4·65 (2·14–8·64); p<0·0001
8	Haiti	Caribbean	387 (221–602)	4·06 (1·52–8·47); p=0·0005
9	Peru	Andean Latin America	386 (303–492)	4·04 (1·87–7·88); p=0·0006
10	Venezuela	Central Latin America	234 (188–303)	2·48 (1·15–4·85); p=1·00

Droits humains

Opinion TRENDS in Parasitology Vol.22 No.12

Leishmaniasis and poverty

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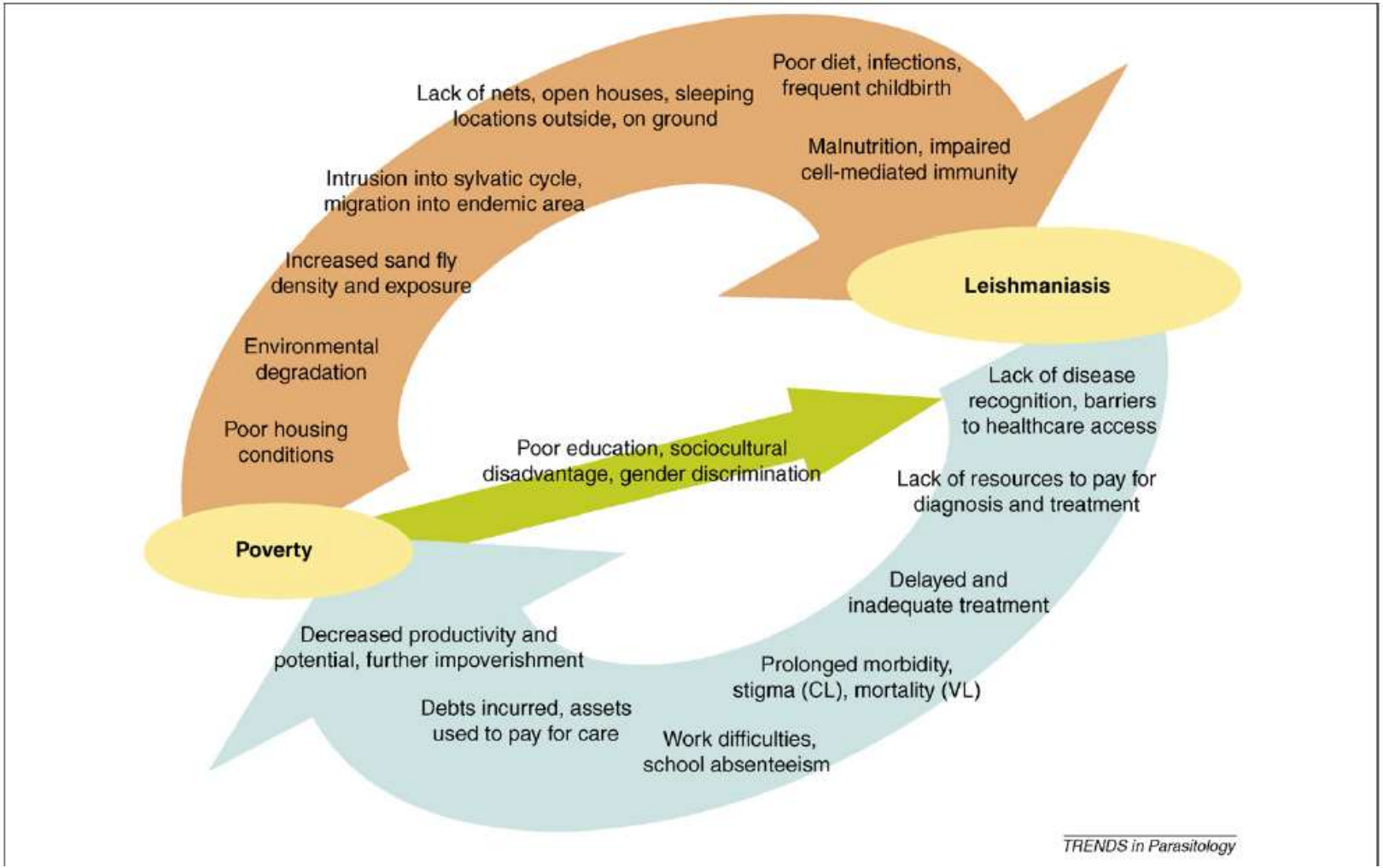


Pauvreté comme facteur majeur

- La pauvreté est le principal déterminant sous-jacent de la leishmaniose : la maladie atteints essentiellement les faibles revenus par habitant (souvent inférieurs à 1 $/jour) au Bihar, au Népal, au Bangladesh, Brésil, Iran et Sri Lanka .
- La pauvreté est associée à des facteurs qui augmentent le risque,
  - comme les mauvaises conditions de logement (murs en boue fissurés qui offrent des aires de repos diurnes aux phlebotomes, les sols en terre humide qui prolongent leur survie, les zones ouvertes dans les murs qui permettent leur entrée)
  - dormir à l'extérieur ou sur le sol.
  - Promiscuité

- les formes les plus sévères entraînent des pertes financières et économiques importantes pour 75 % des ménages touchés par la maladie en Asie et en Afrique.

- Les pertes annuelles de productivité économiques a été estimée à 6-30% parmi les ménages affectés,

Ce qui attendu…

La Féminisation de la pauvreté

- Non seulement les femmes représentent la majorité des pauvres, mais les impacts financiers des leishmanioses sont vécus de manière plus importante par les femmes.

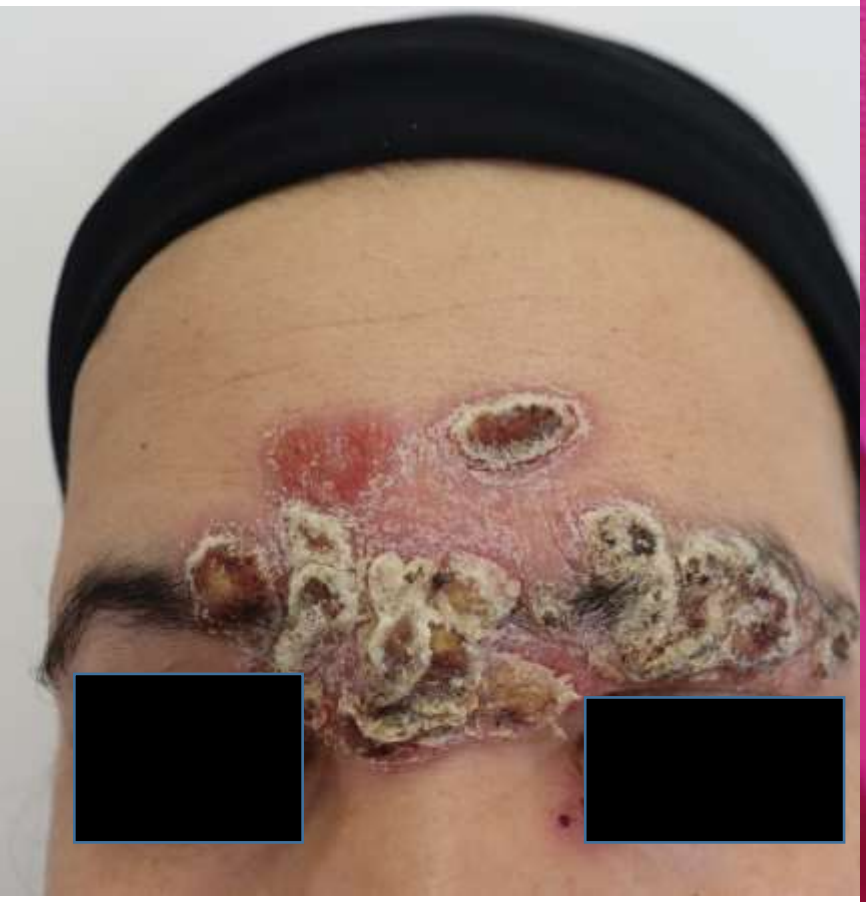
- Les présentations cliniques tardives des femmes sont principalement dues à des limites financières et à une connaissance insuffisante de la maladie.

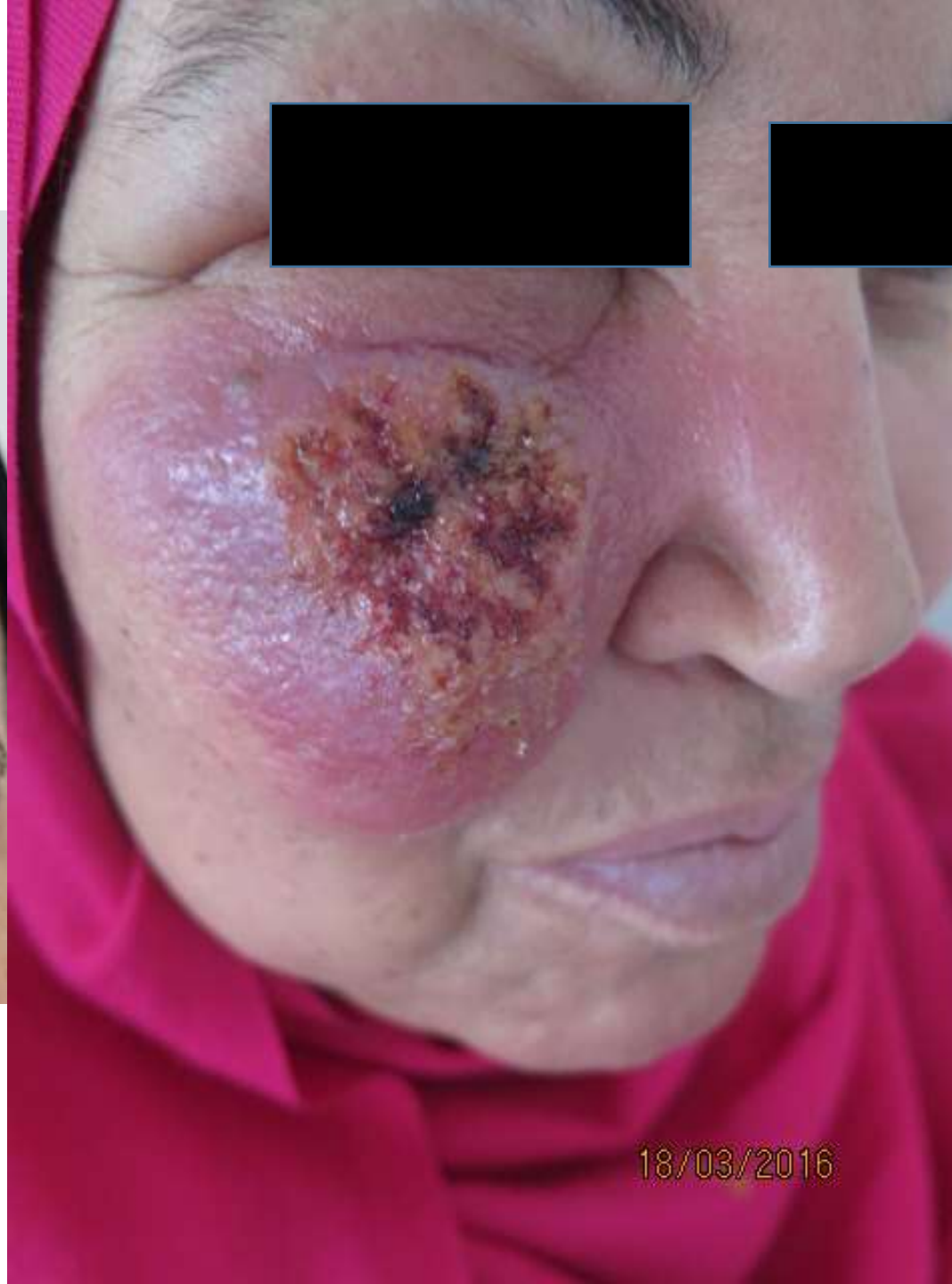
- le manque de soignants féminins constitue un obstacle important dans des pays comme l'Afghanistan, où les femmes ne sont souvent pas autorisées à consulter des soignants masculins

- Pour se payer un traitement et éviter les cicatrices, les femmes peuvent vendre leurs biens et en souffrir financièrement

- la stigmatisation limite la mobilité des femmes et leur capacité à travailler, ce qui affecte leurs opportunités économiques.

Qualité de Vie
Impact Psychologique




18/03/2016

The psychological impact of cutaneous leishmaniasis

M. Yanik, M. S. Gurel*, Z. Simsekt and M. Kati

*Departments of Psychiatry, *Dermatology, and †Public Health, Medical Faculty of Harran University, Sanliurfa, Turkey*

Summary

A psychiatric disorder would be associated with extensive, unsightly lesions on exposed body parts. Cutaneous leishmaniasis (CL) has long been endemic in Sanliurfa and is called 'beauty scar'. The aim of this study was to determine psychological impact of CL. Patients with active CL, with CL that had healed with scaring, and healthy controls were included in this case–control study. The Hospital Anxiety Depression Scale (HAD), Body Image Satisfaction Scale (BIS), and Dermatology Quality of Life Scale (DQL) assessments were performed to determine the psychological effect of CL. The patients with CL had significantly higher HAD anxiety and depression subscale scores than the control groups. Patients with CL have decreased body satisfaction and lower quality of life than those in the control group. It was found that CL patients with active lesions have the lowest quality of life score than other groups. CL lesions on exposed body parts such as the face and hands, active CL for more than 1 year, permanent scar formation, and social stigmatization cause anxiety, depressive symptoms, decreased body satisfaction and quality of life in CL patients.

PLOS ONE

RESEARCH ARTICLE

"The mosquitoes that destroy your face". Social impact of Cutaneous Leishmaniasis in South-eastern Morocco, A qualitative study

Issam Bennis[1,2,3], Loubna Belaid[4], Vincent De Brouwere[2], Hind Filali[1], Hamid Sahibi[5], Marleen Boelaert[2]*

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PLOS | NEGLECTED TROPICAL DISEASES

RESEARCH ARTICLE

Psychological and Psychosocial Consequences of Zoonotic Cutaneous Leishmaniasis among Women in Tunisia: Preliminary Findings from an Exploratory Study

Mohamed Kouni Chahed[1,2], Hédia Bellali[1,2]*, Sonia Ben Jemaa[3], Tarek Bellaj[4]

International Journal of Women's Dermatology 2 (2016) 93–101

Contents lists available at ScienceDirect

International Journal of Women's Dermatology

Impact of leishmaniasis in women: a practical review with an update on my ISD-supported initiative to combat leishmaniasis in Yemen (ELYP)

Mohamed A. Al-Kamel, MD *

Regional Leishmaniasis Control Center, Sana'a, Yemen

Cutaneous Leishmaniasis in Subtropical Ecuador: Popular Perceptions, Knowledge, and Treatment[1]

M. M. Weigel, R. X. Armijos, R. J. Racines, C. Zurita, R. Izurieta, E. Herrera, & E. Hinojsa[2]

♦♦♦

Table 2. Associations between gender and perceptions about cutaneous leishmaniasis.

	Women*		Men†		Total			
Disease perception	No.	(%)	No.	(%)	No.	(%)	X^2	p value
Disease severity:								
Severe disease vs.	75	(85.2)	70	(68.0)	145	(75.9)	8.27	0.015
Moderate disease vs.	7	(8.0)	22	(21.4)	29	(15.2)		
Mild disease	6	(6.8)	11	(10.6)	17	(8.9)		
Disease effect on capacity to perform work:								
Has negative effect vs.	63	(61.2)	68	(77.3)	131	(68.6)	4.99	0.025
Has no effect	40	(38.8)	20	(22.7)	60	(31.4)		
Disease effect on self-esteem:								
Has negative effect vs.	80	(89.9)	78	(75.7)	158	(82.3)	5.63	0.017
Has no effect	9	(10.1)	25	(24.3)	34	(17.7)		
Disease treatment:								
Requires treatment vs.	77	(86.5)	99	(95.2)	176	(91.2)	3.48	>0.05
Doesn't require treatment	12	(13.5)	5	(4.8)	17	(8.8)		

*n = 97.
†n = 111.

- Des études menées en Iran, en Turquie, en Tunisie, au Maroc et en Amérique latine… ont révélé une diminution significative de la satisfaction corporelle et de la qualité de vie chez les patients atteints de CL.
- L'auto-isolement sévère et le mépris de soi peuvent parfois même contribuer aux idées suicidaires.
- La stigmatisation entrave encore plus le comportement de recherche de traitement en raison de la honte d'être vu en public,
- L'exclusion sociale et l'isolement qui en résulte induisent une auto-stigmatisation intériorisée et une diminution de l'estime de soi, qui contribuent à leur tour aux manifestations psychologiques de stress, d'anxiété et de dépression.

- Le fardeau psychosocial de la CL a été bien documenté dans la littérature. : on estime que 70 % de tous les cas présentent un certain degré de morbidité psychologique, qui dépend généralement de la gravité et de la visibilité de la défiguration.

- Les idées fausses sur la transmission de la maladie alimentent la stigmatisation et la discrimination, car de nombreuses sociétés croient à tort que la CL est directement contagieuse par contact de personne à personne.

Contents lists available at ScienceDirect

International Journal of Women's Dermatology

Review

Cutaneous leishmaniasis: A neglected disfiguring disease for women☆,☆☆,★

Asli Bilgic-Temel, MD [a,b,*], Dedee F. Murrell, MA, BMBCh, FAAD, MD, FACD FRCP [a,b], Soner Uzun, MD [c]

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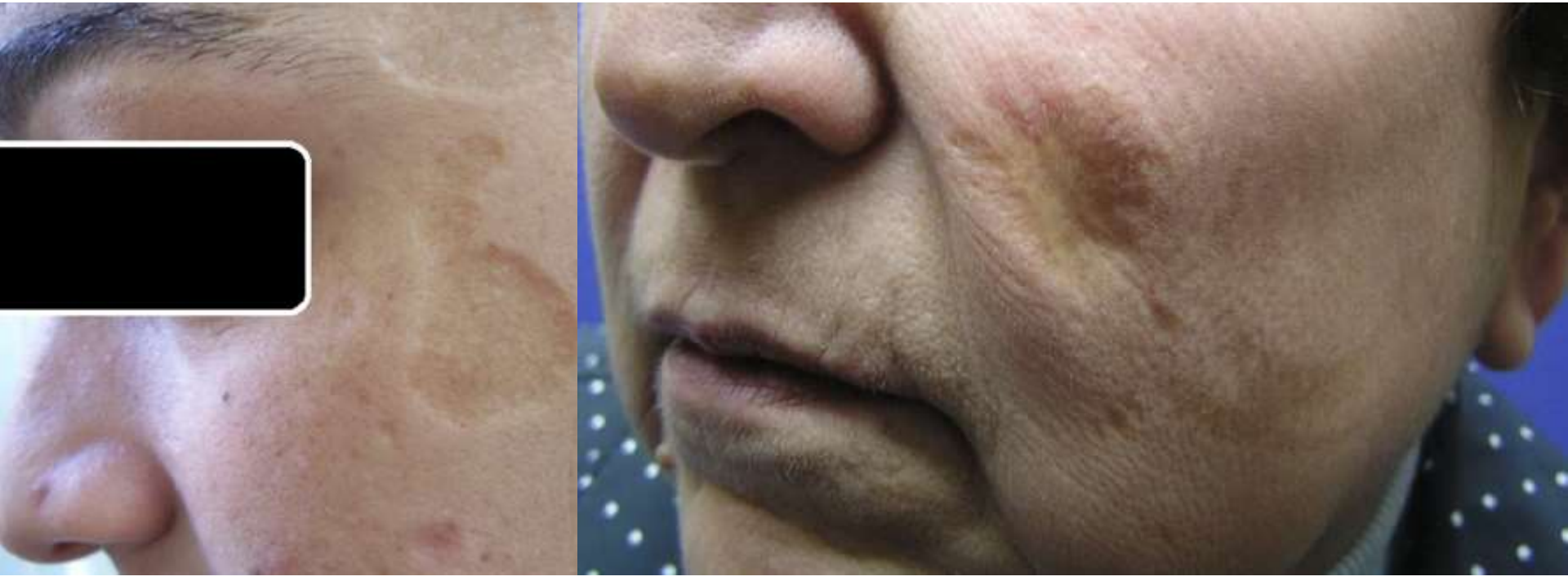

Social Impact of Leishmaniasis, Afghanistan

Richard Reithinger,* Khoksar Aadil,* Jan Kolaczinski,* Mohammad Mohsen,* and Samad Hami*

*HealthNet International, Peshawar, Pakistan

To the Editor: For almost a decade, Kabul, Afghanistan, has had the highest incidence of cutaneous leishmaniasis in the world, with an estimated 67,500 to 200,000 cases each year (1–3). Because of sandfly vector exposure, most leishmaniasis lesions occur on the face; anecdotal reports of severe stigma are associated with the disease (3). To prioritize aspects of operational activities and before developing a disease-specific health education strategy, we collected data on knowledge, attitudes, and perceptions regarding leishmaniasis.

Questionnaire -Afghanistan

- 54% des 94 répondants ont déclaré que leurs enfants se sentaient défigurés
- 22% ont déclaré qu'une mère atteinte de leishmaniose ne devait pas allaiter son enfant ;
- 22% ont déclaré qu'une femme présentant une lésion ou une cicatrice de leishmaniose aura des difficultés à trouver un mari.

- Le plus grand fardeau psychosocial de la CL est vécu par les jeunes femmes célibataires, en particulier celles qui ont des cicatrices faciales
- Les femmes rapportent systématiquement que les lésions altèrent la perception de la beauté et provoquent une image corporelle négative, ce qui a un impact important sur les possibilités de mariage.
- les femmes ont tendance à être moins susceptibles que les hommes de chercher un traitement rapidement, souvent en raison de l'accessibilité limitée aux soins de santé ou des barrières culturelles.
- Un traitement intempestif entraîne des cicatrices et les femmes peuvent souffrir financièrement en essayant de se payer des traitements de base ou des solutions chirurgicales permanentes.

Ce qui n’etait pas attendu…

Research Article

Impact of Urbanization and Socioeconomic Factors on the Distribution of Cutaneous Leishmaniasis in the Center of Morocco

H. El Omari,[1] **A. Chahlaoui**,[1] **F. Talbi**,[2] **K. Ouarrak**,[1] **and A. El Ouali Lalami**[3]

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Academic Editor: Lúcia Galvão

Background. Parasitic diseases, in particular leishmaniasis, are still a public health problem in several countries and in Morocco. *Methods*. The data used are those of epidemiological surveillance collected in the registers of the prefectural epidemiology cell (PEC); however, the socioeconomic data were obtained from the High Commissioner for Planning. The Pearson correlation test was used to determine the correlation between the different variables. *Results*. In total, 70 cases were recorded by the prefectural epidemiology cell (PEC) during the period from 2009 to 2015. 46% of the cases come from rural areas while 54% of the cases come from urban areas. The Pearson test shows the existence of a significant relationship between the number of cases recorded and the type of environment ($r = 0.49$, p value $= 0.02$), and population rate ($R = 0.849$ and $p \leq 0.001$). However, in our case, the poverty rate does not influence CL's distribution. *Conclusion*. Our results show that the CL affects the majority of the municipalities with predominance of the urban environment, so the distribution of cases of this pathology is not influenced by the poverty; however, the urbanization and the number of inhabitants have a positive impact on the distribution of this scourge.

Research Article

Risk Factors Associated with Leishmaniasis in the Most Affected Provinces by *Leishmania infantum* in Morocco

Maryam Hakkour,[1,2,3] **Asmae Hmamouch**,[2,4] **Mohamed Mahmoud El Alem**,[1,2] **Abdelhakim Bouyahya**,[5] **Abdelaali Balahbib**,[1,2] **Abdelhak EL Khazraji**,[6] **Hajiba Fellah**,[1,2] **Abderrahim Sadak**,[1] **and Faiza Sebti**[2]

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Background. Human leishmaniasis, both visceral and cutaneous, has been reported in Morocco for centuries and constitutes a serious public health problem. However, the evolution of this pathology depends on several factors such as ecological, socio-economic, and climatic conditions. The risk study of the affected foci is of great value for the control and surveillance of this endemic disease, especially in the provinces where *Leishmania infantum* predominates. *Methods.* This study concerned nine provinces located in the extreme and central north of Morocco (Taounate, Taza, Chefchaouen, Al Hoceima, Larache, Tétouane, Tanger-Assilah, M'diq-Fnideq, and Fahs-Anjra Provinces). In this work, leishmaniasis cases (VL and CL) were subjected to an epidemiological study which was performed using a linear regression model to identify the impact as well as the interaction between all predictor variables on the distribution of leishmaniasis in this region. *Results.* During the period 1997–2018, a total of 6 128 cases of VL and CL were recorded in the study area. Our results showed that among demographic factors studied, urbanization showed significance for both cutaneous and visceral forms ($P < 0.05$). Regarding the environmental factors, the humidity and the altitude were significant for both CL and VL ($P < 0.05$), while the temperature and the normalized difference vegetation index (NDVI) showed a significance only for VL. Moreover, trends in season of occurrence revealed that wet season (October to April) had a higher incidence of leishmaniasis compared to the dry season (May to September) specifically for CL. As for socioeconomic factors, poverty was the only factor that influences the spread of VL. Finally, the distance from endemic foci showed significance for both VL and LC ($P < 0.05$). *Conclusion.* Our study revealed that the risk factor associated with cutaneous and visceral leishmaniasis in northern Morocco could help in the establishment of a prediction program.

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Cutaneous leishmaniasis in Sri Lanka: effect on quality of life

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Abstract

Background: The quality of life in many patients is affected by skin lesions. Cutaneous leishmaniasis (CL), the commonest form of leishmaniasis is no exception. In Sri Lanka CL is an emerging parasitological condition with over 3000 cases within the last decade. Lesions are often seen on exposed parts of the body which may cause social stigma and hence a study was done to assess the changes in quality of life of CL patients.

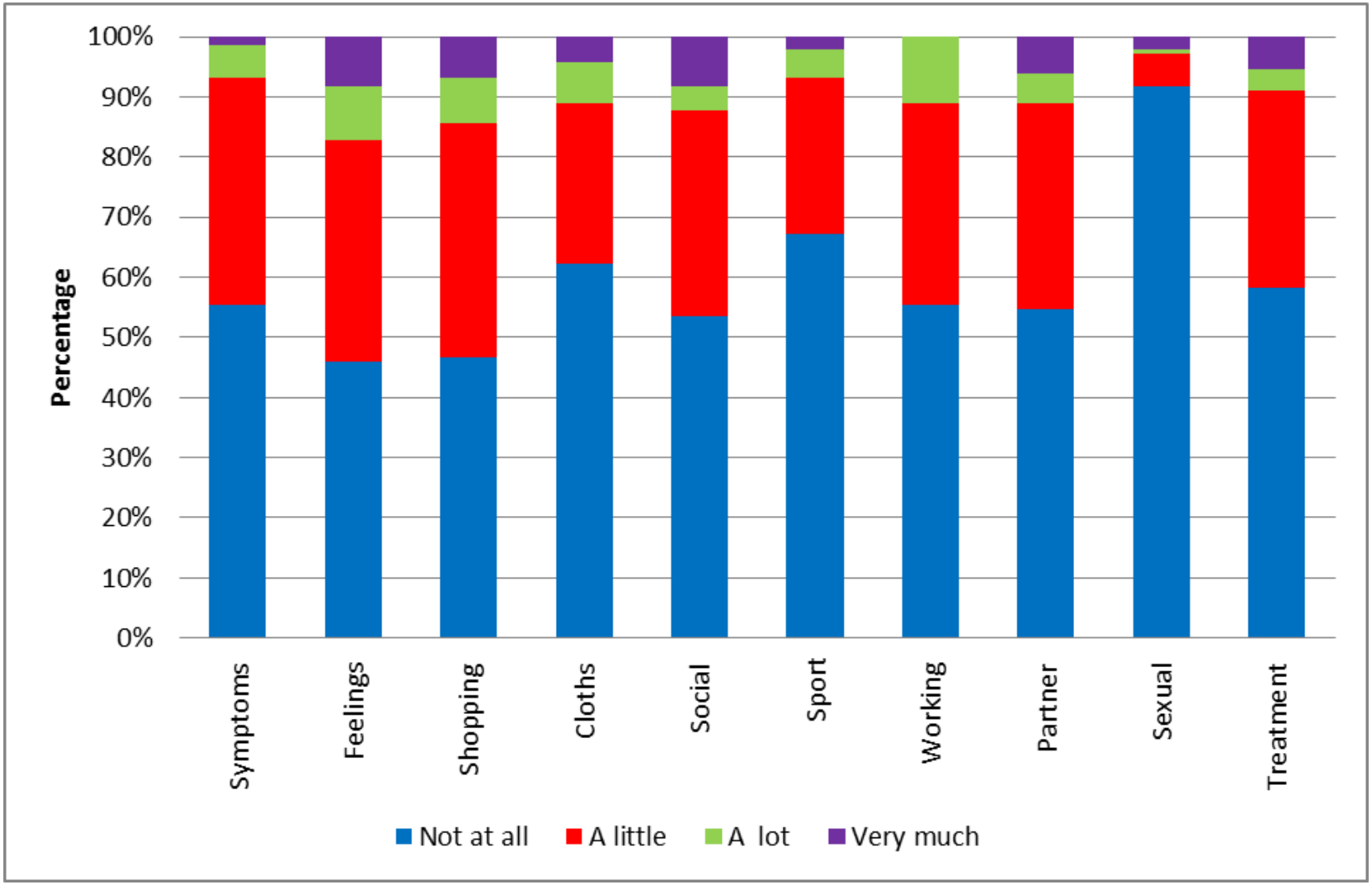
Method: A total of 294 patients (200 civilians and 94 army personnel) answered a previously validated Sinhala self- administered Dermatology Life Quality Index (DLQI) questionnaire and an interviewer administered questionnaire.

Results: The majority of the civilian population 47% had no effect on their quality of life due to CL lesions, 33.5% were affected in a small way,12.5% were affected moderately, 6.5 % suffered in a large way and on 0.5% or one patient was extremely affected due a large ulcerative lesion being on the face. The effect on quality of life was negligible in the majority of army patients as well (35.1%-no effect, 31.9%-small effect), with a few patients affected moderately and very largely

The Quality of Life of Sri Lankan Patients with Cutaneous Leishmaniasis

***Ranawaka RR[1], Weerakoon HS[2], Silva PD[3]**

[Mymensingh Med J 2014 Apr; 23 (2):]



RESEARCH ARTICLE

Body location of "New World" cutaneous leishmaniasis lesions and its impact on the quality of life of patients in Suriname

Ricardo V. P. F. Hu[1☯], Sahienshadebie Ramdas[2,3☯], Pythia Nieuwkerk[4], Ria Reis[3,5], Rudy F. M. Lai A Fat[6], Henry J. C. de Vries[7,8,9], Henk D. F. H. Schallig[2]*

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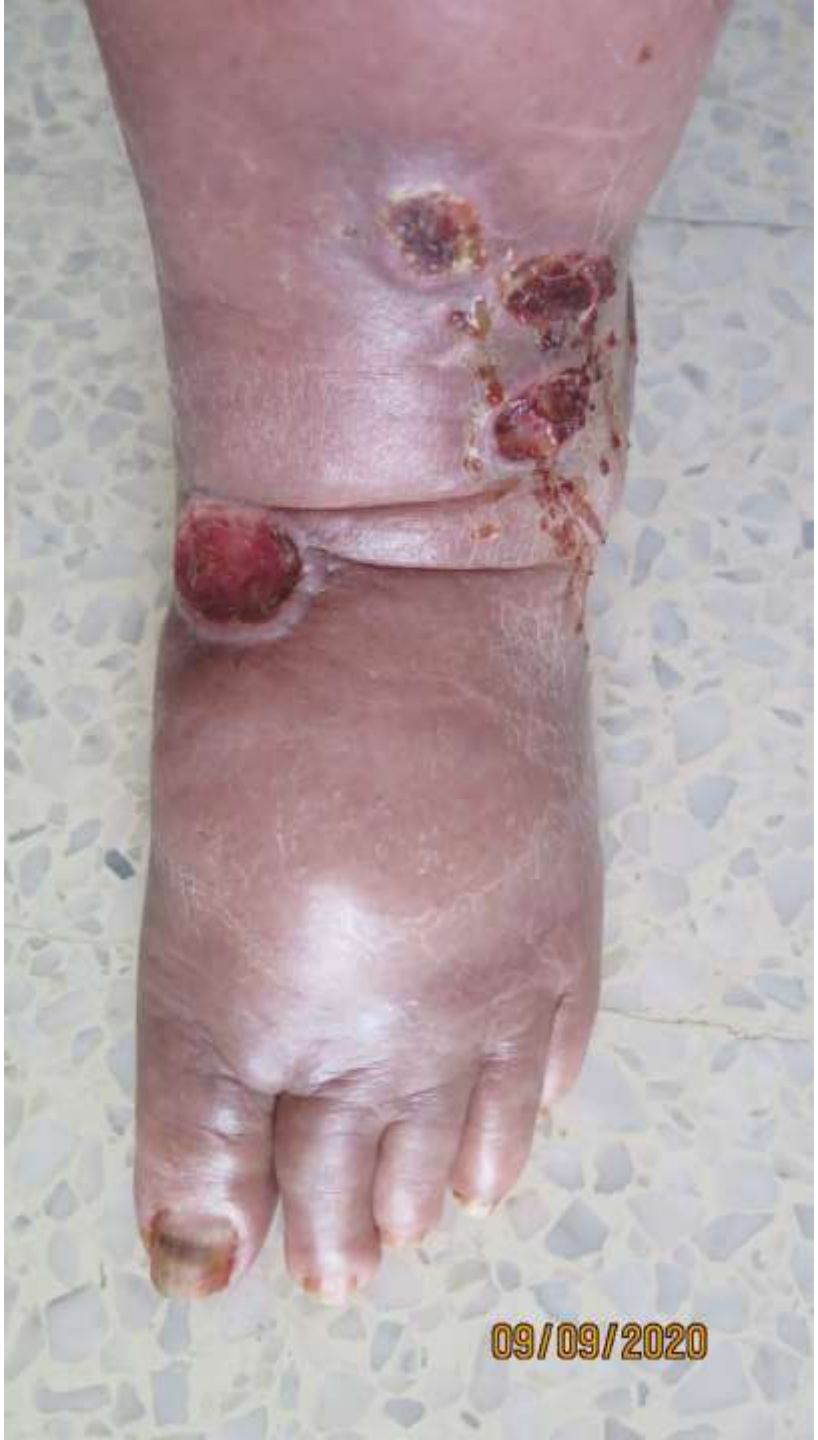
09/09/2020

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Nuancing stigma through ethnography: the case of cutaneous leishmaniasis in Suriname

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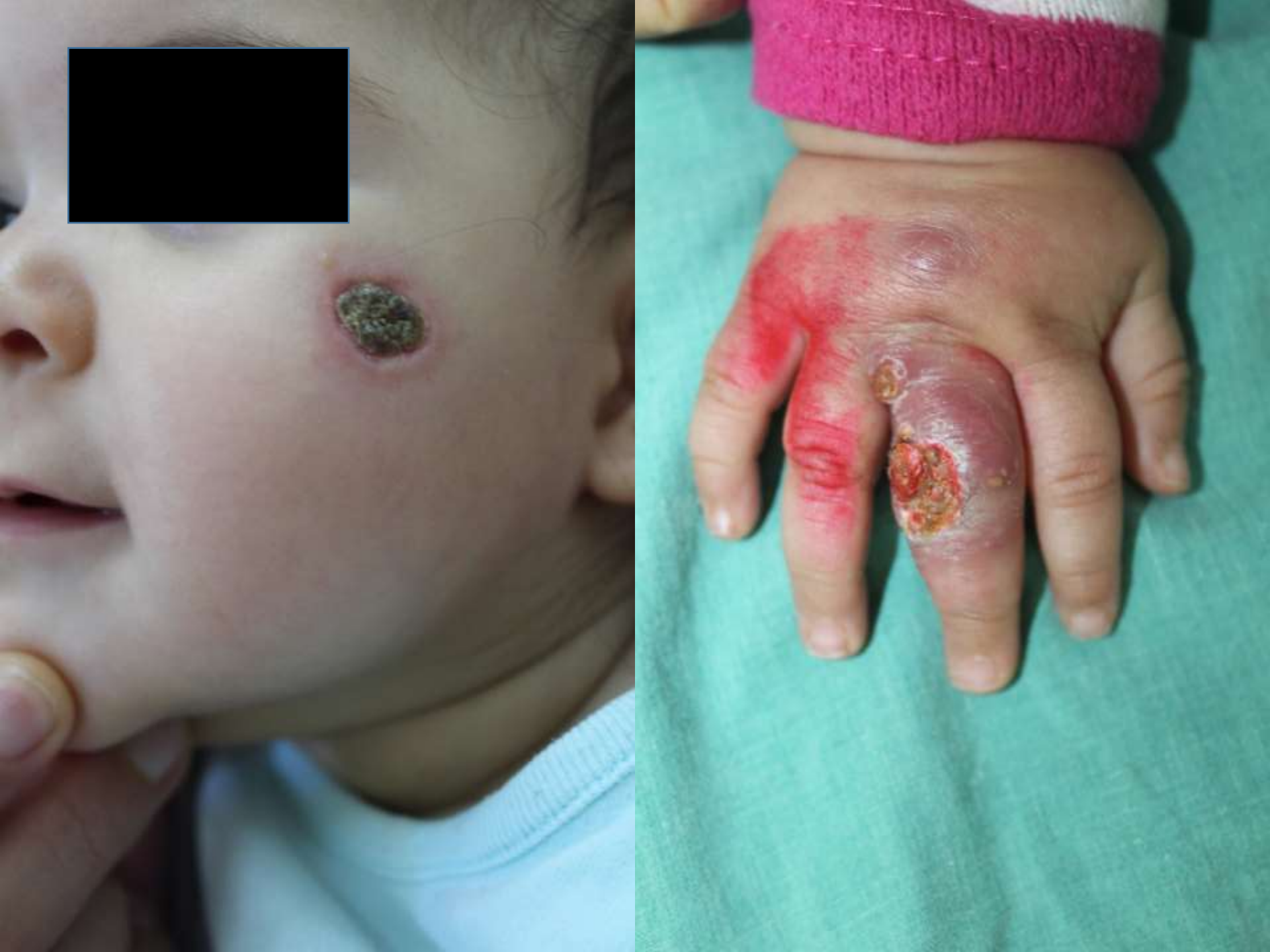
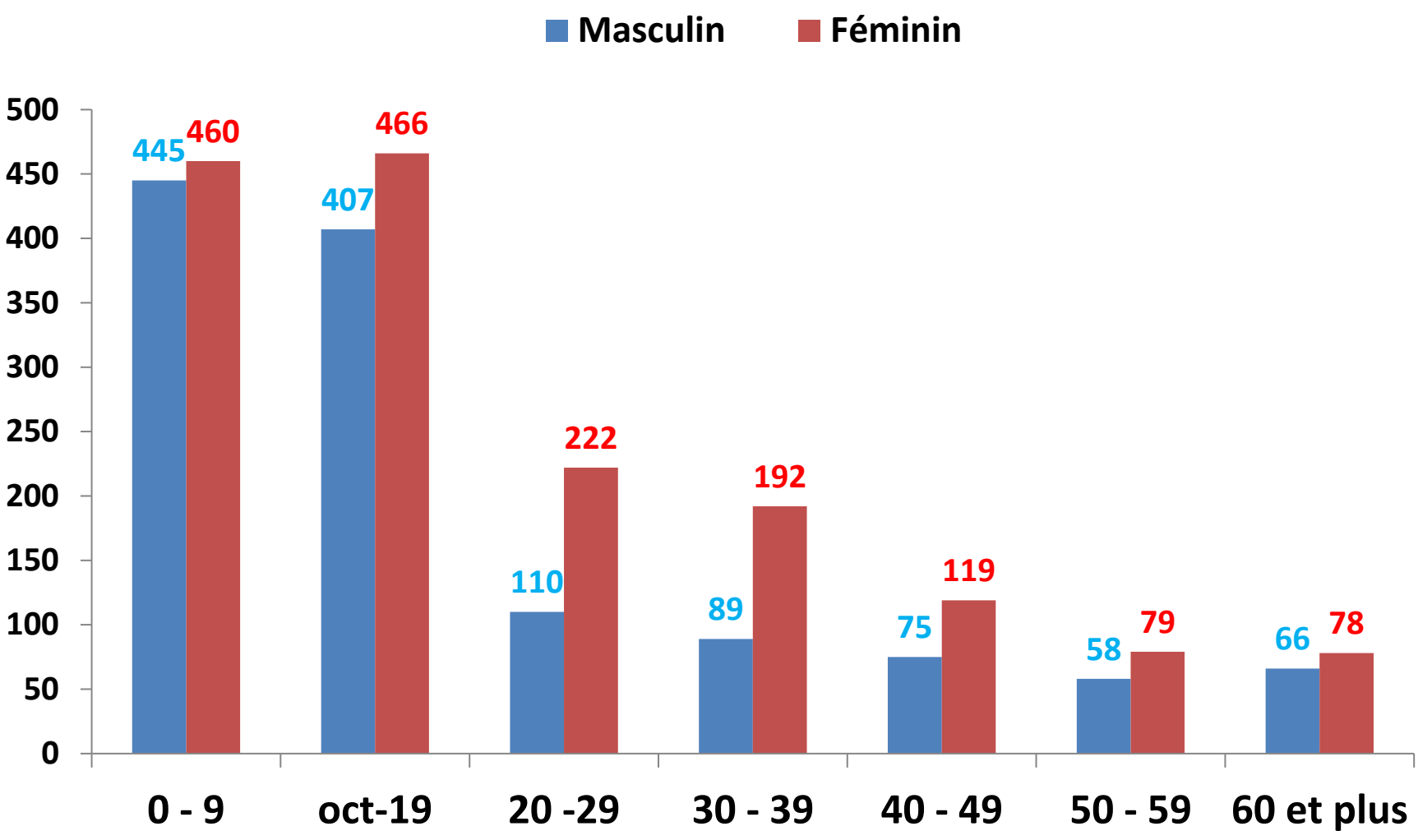
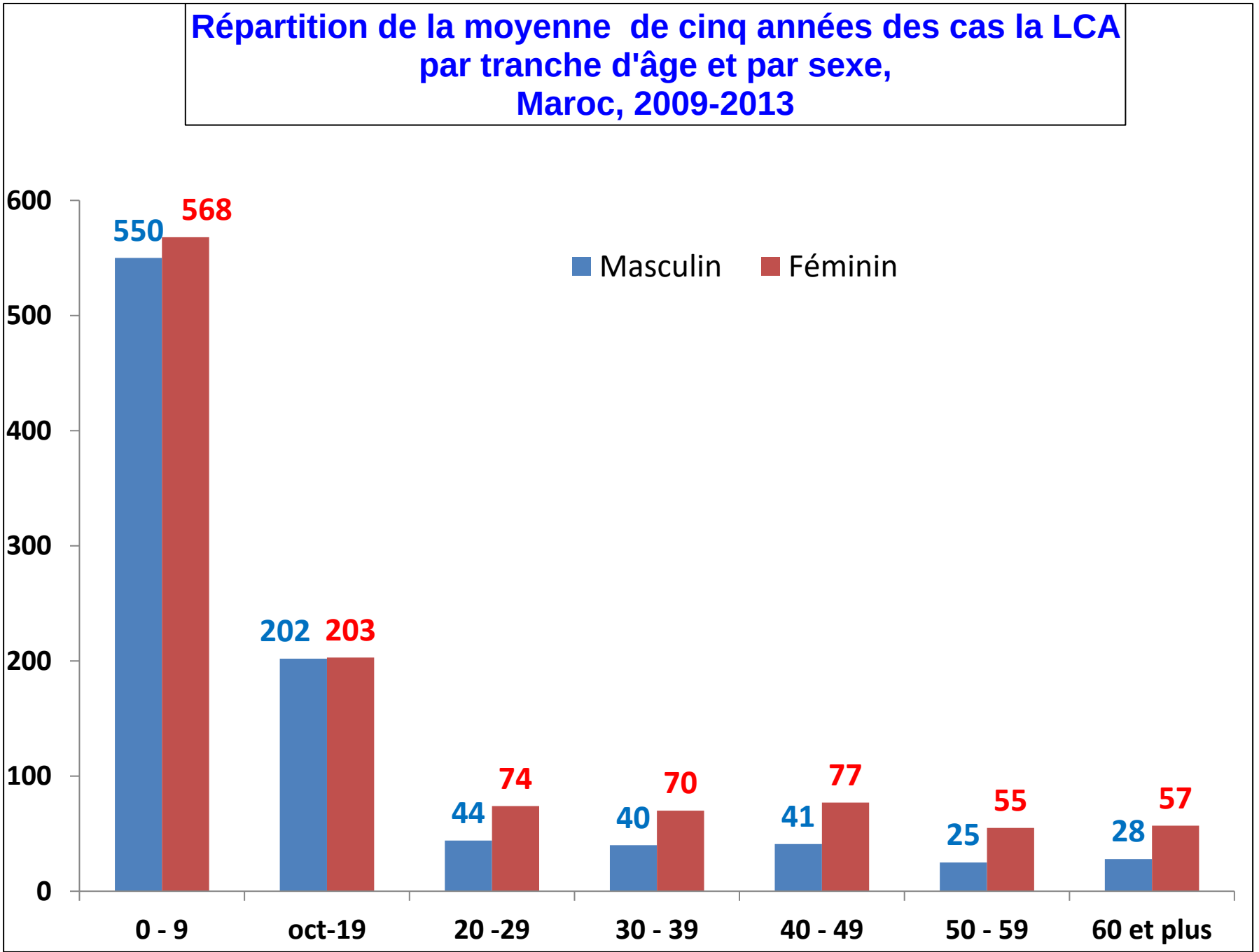
Dans la vraie vie….



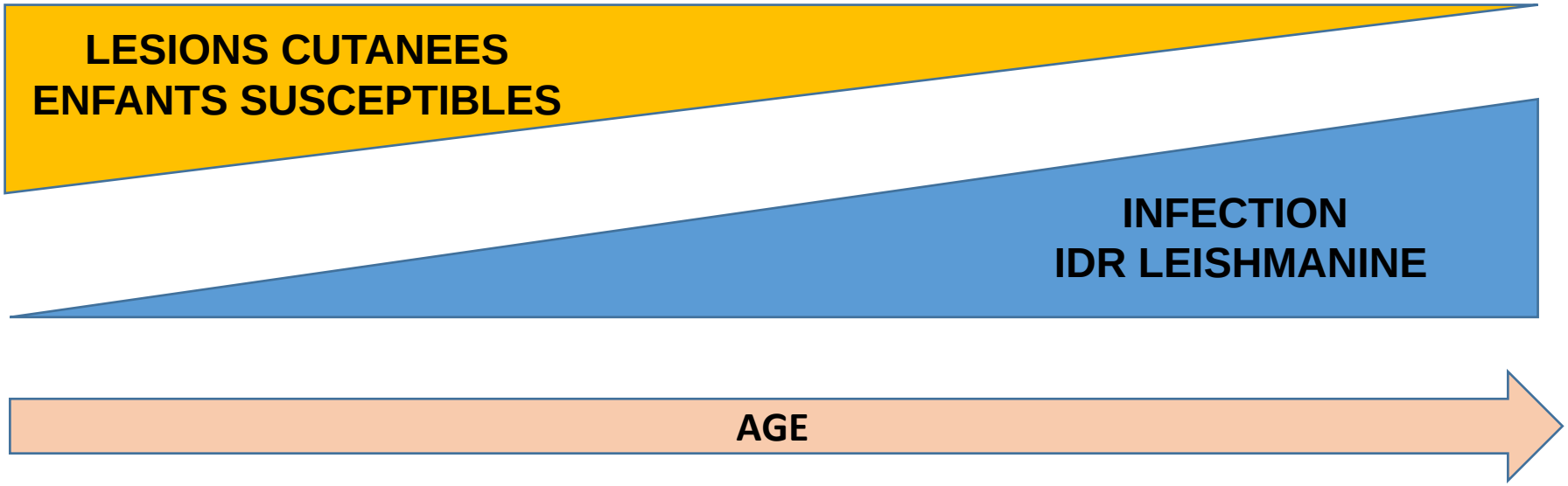
Répartition de la moyenne de cinq années des cas de LCZ par tranche d'âge et par sexe, Maroc, 2009-2013



Répartition de la moyenne de cinq années des cas la LCA par tranche d'âge et par sexe, Maroc, 2009-2013



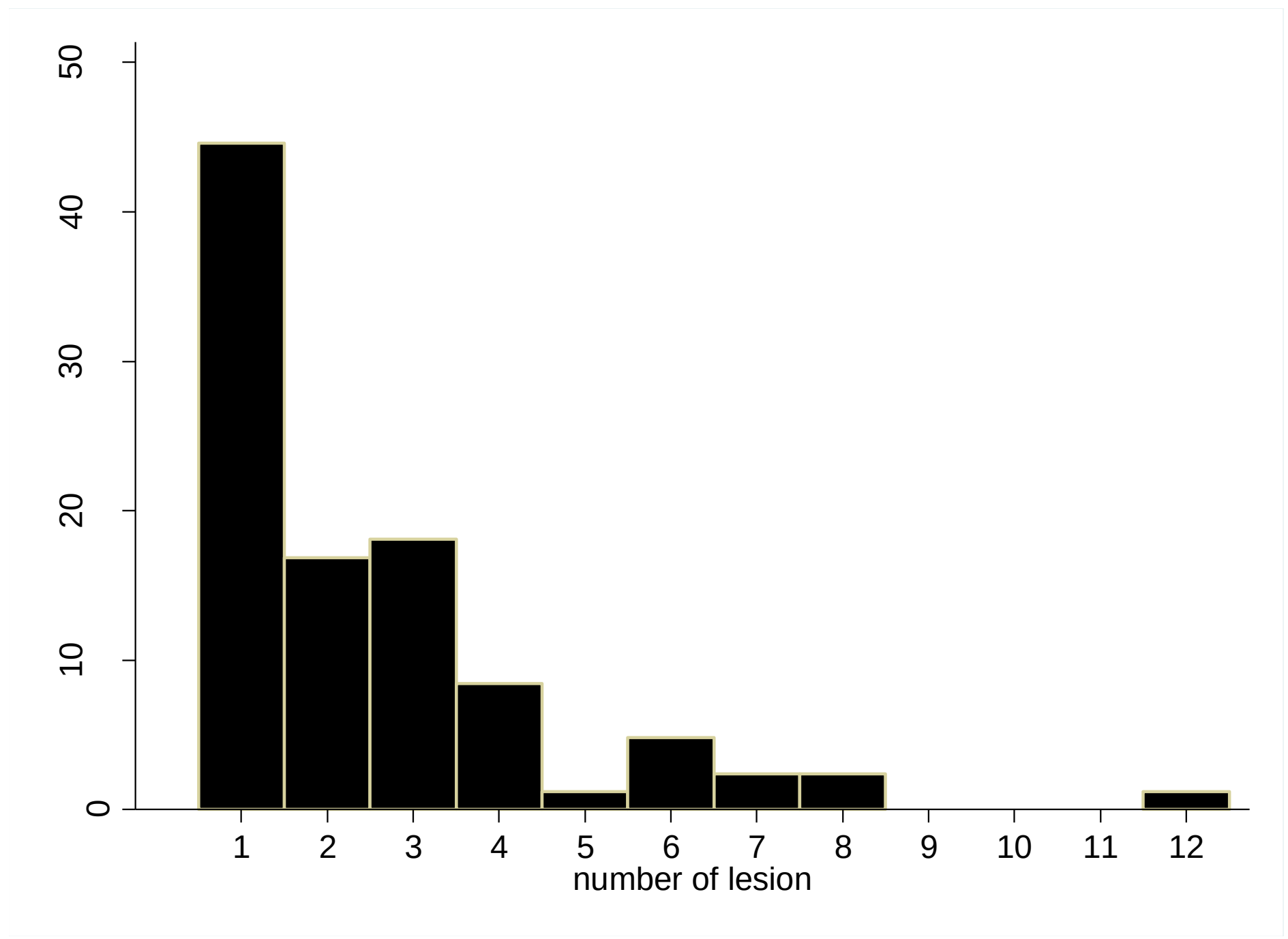
ENDEMIC AREA

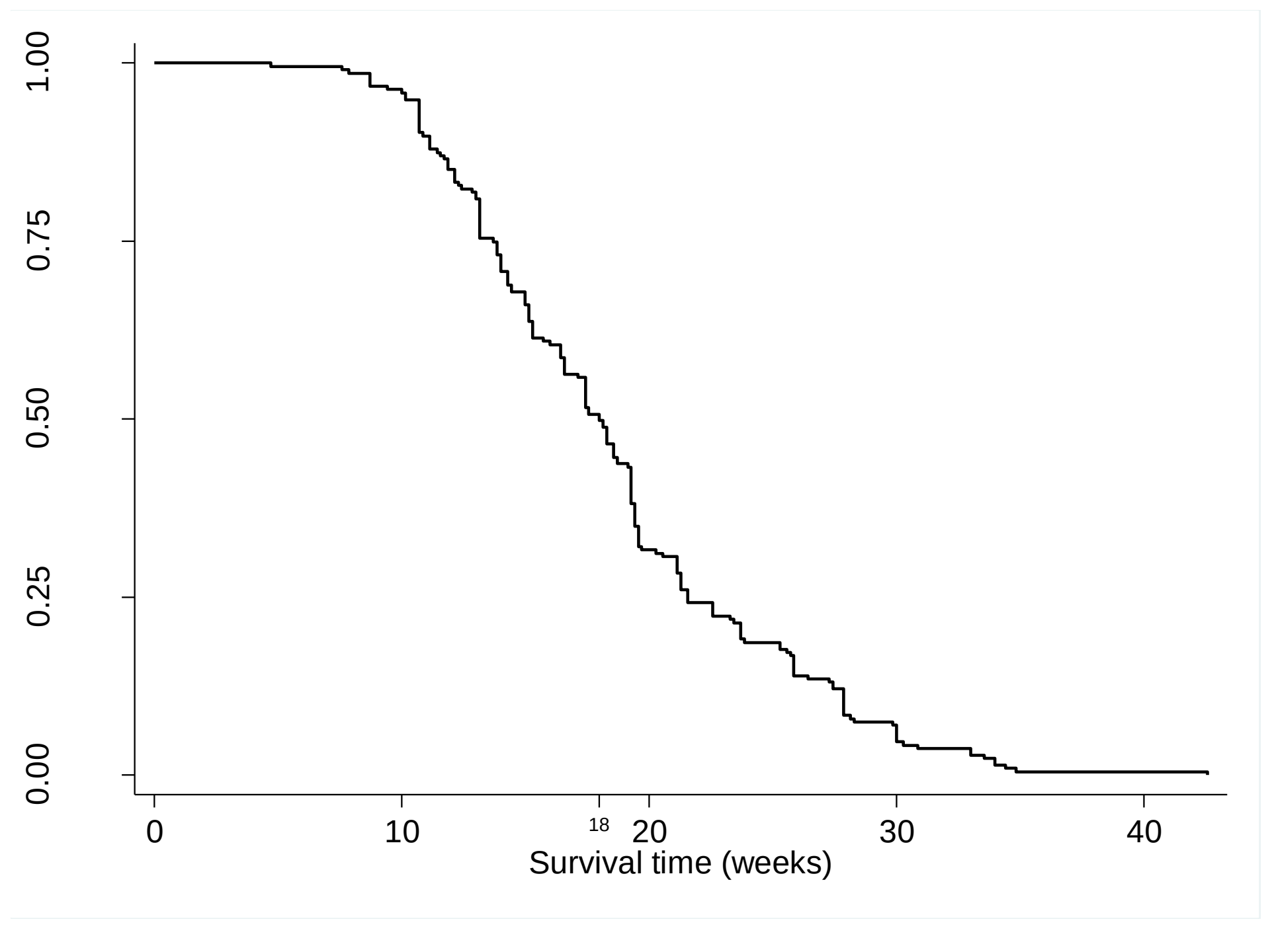


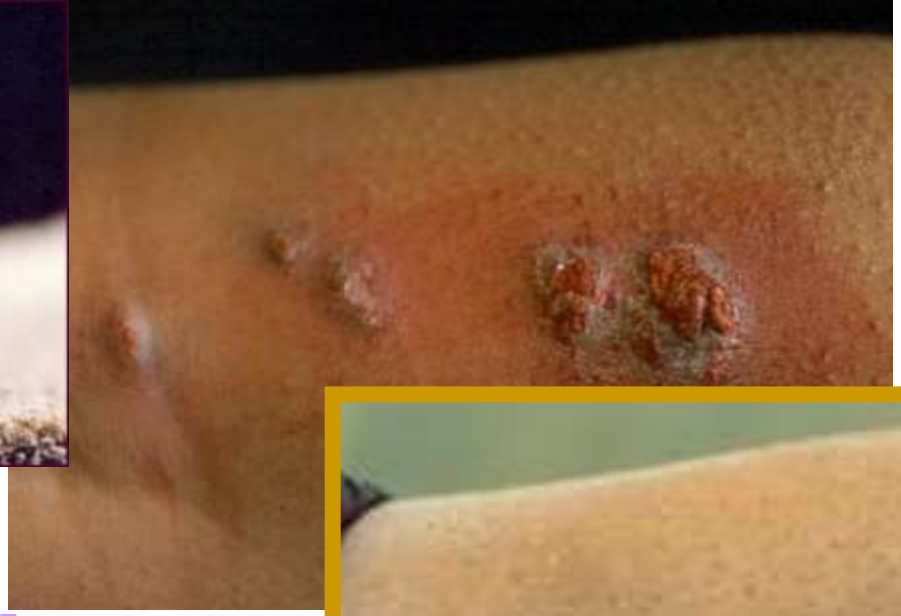
Histoire naturelle LCZ Tunisie

Methodes

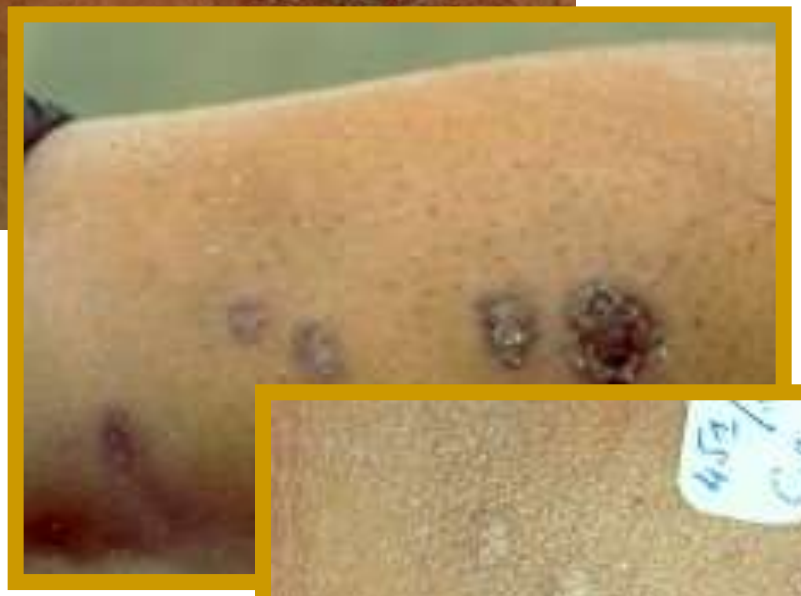
- Sélection randomisée en 2009 en 2 saisons transmissionnelles successives (Avril 2009-avril 2010)
- 83 sujets ont été suivis comme cohorte
- Ils ont présentés 215 lésions en 2 saisons de transmission

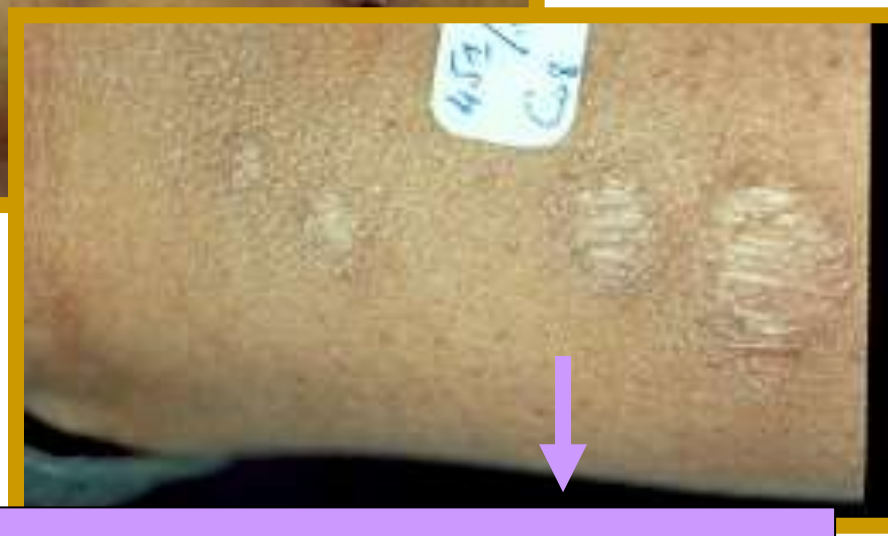

0
10
20
30
40
50
1
2
3
4
5
6
7
8
9
10
11
12
number of lesion


1.00
0.75
0.50
0.25
0.00
0
10
18
20
30
40
Survival time (weeks)



2- 8 mois
Moyenne
4 mois





Cicatrices
50% des cas

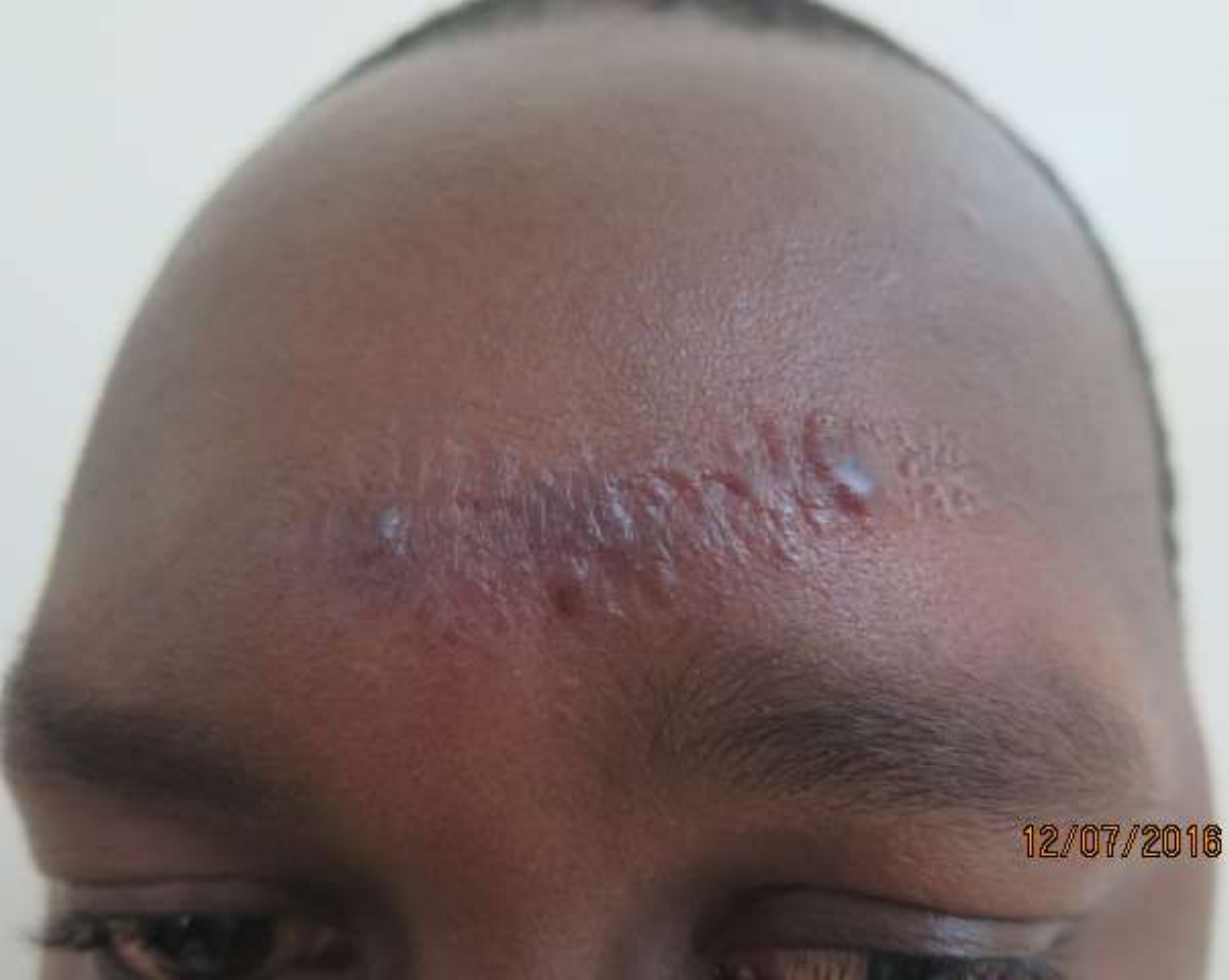
Juin

Septembre

Mai


12/07/2016


12/07/2016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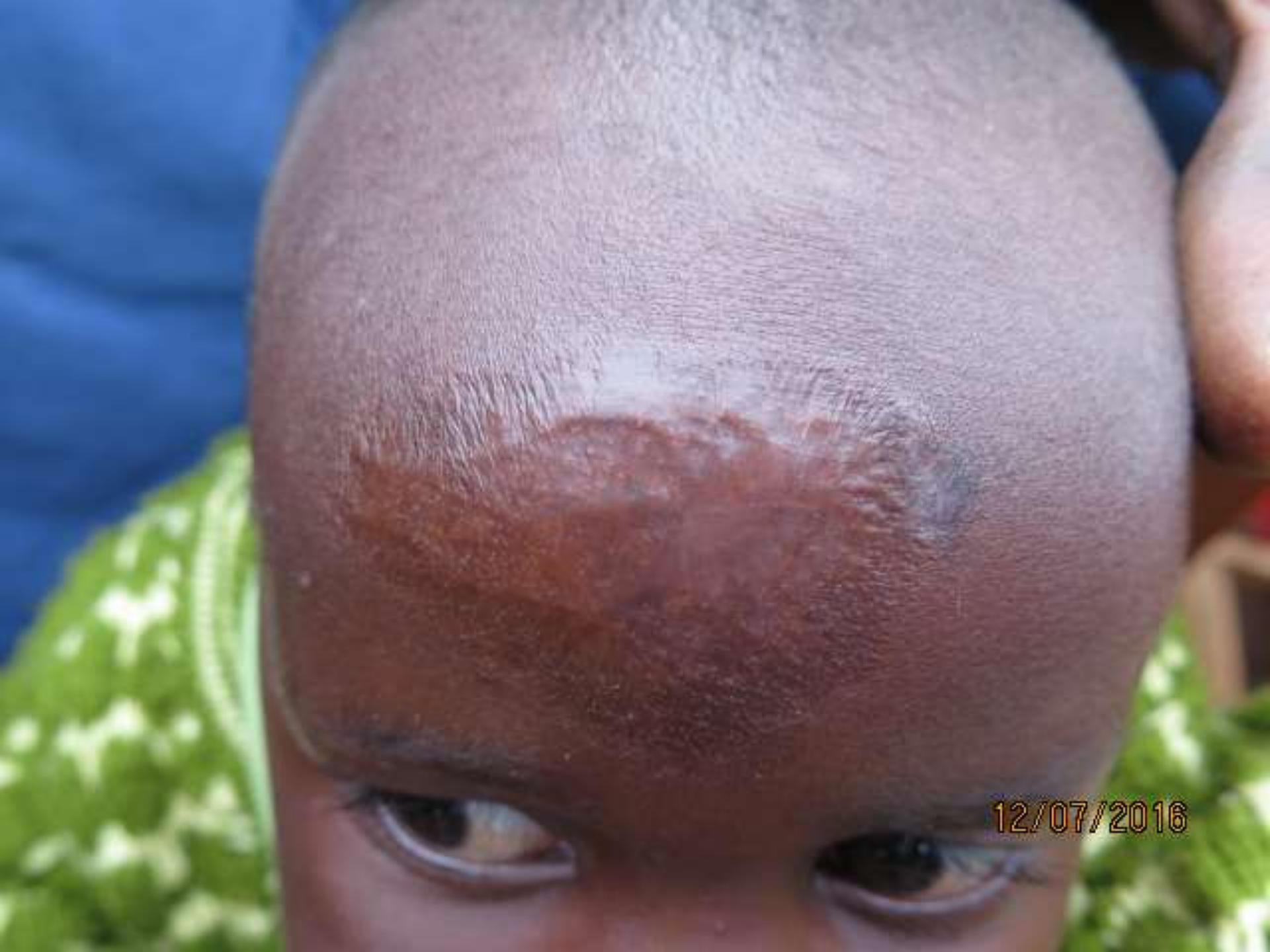
12/07/2016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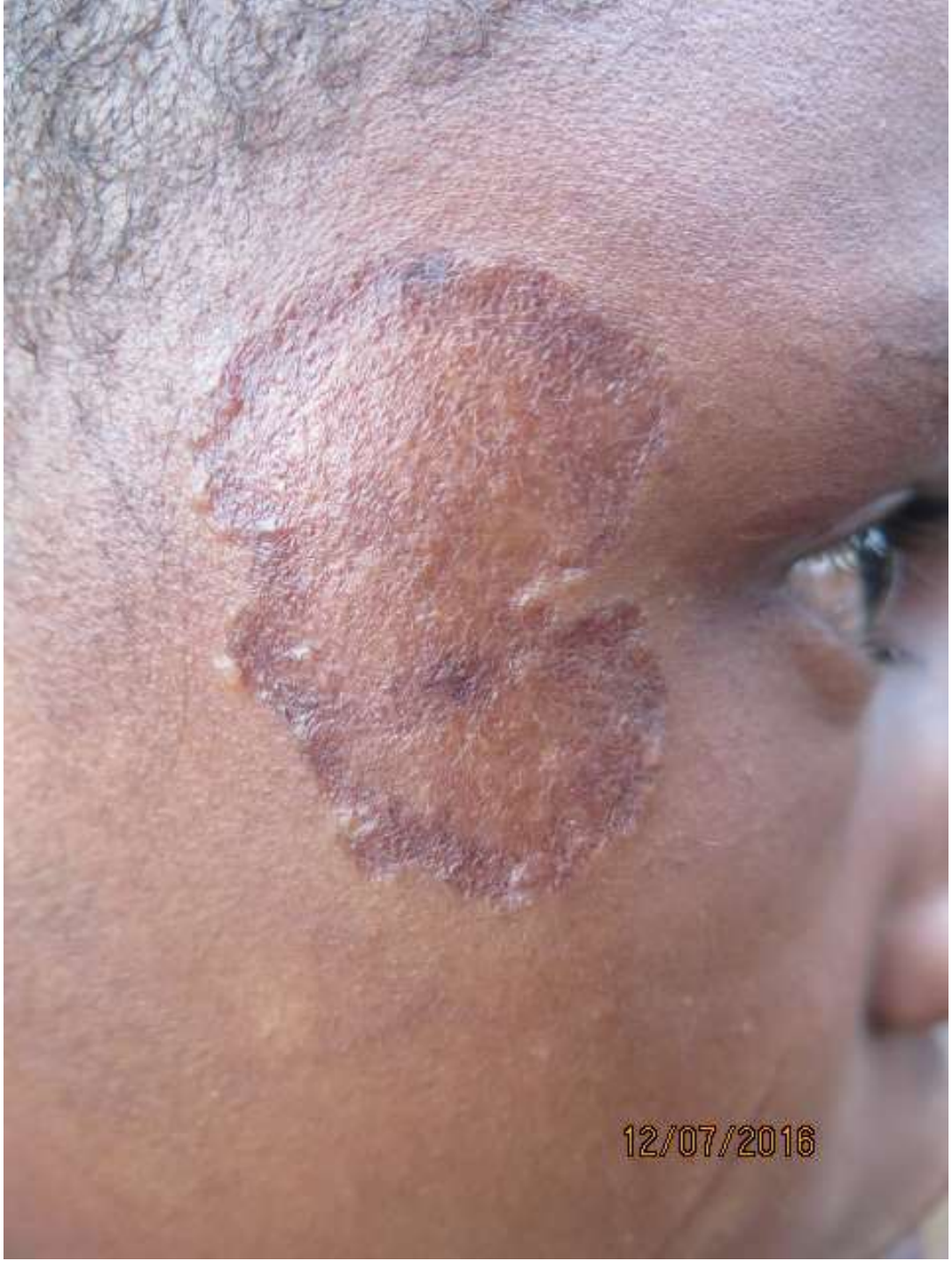
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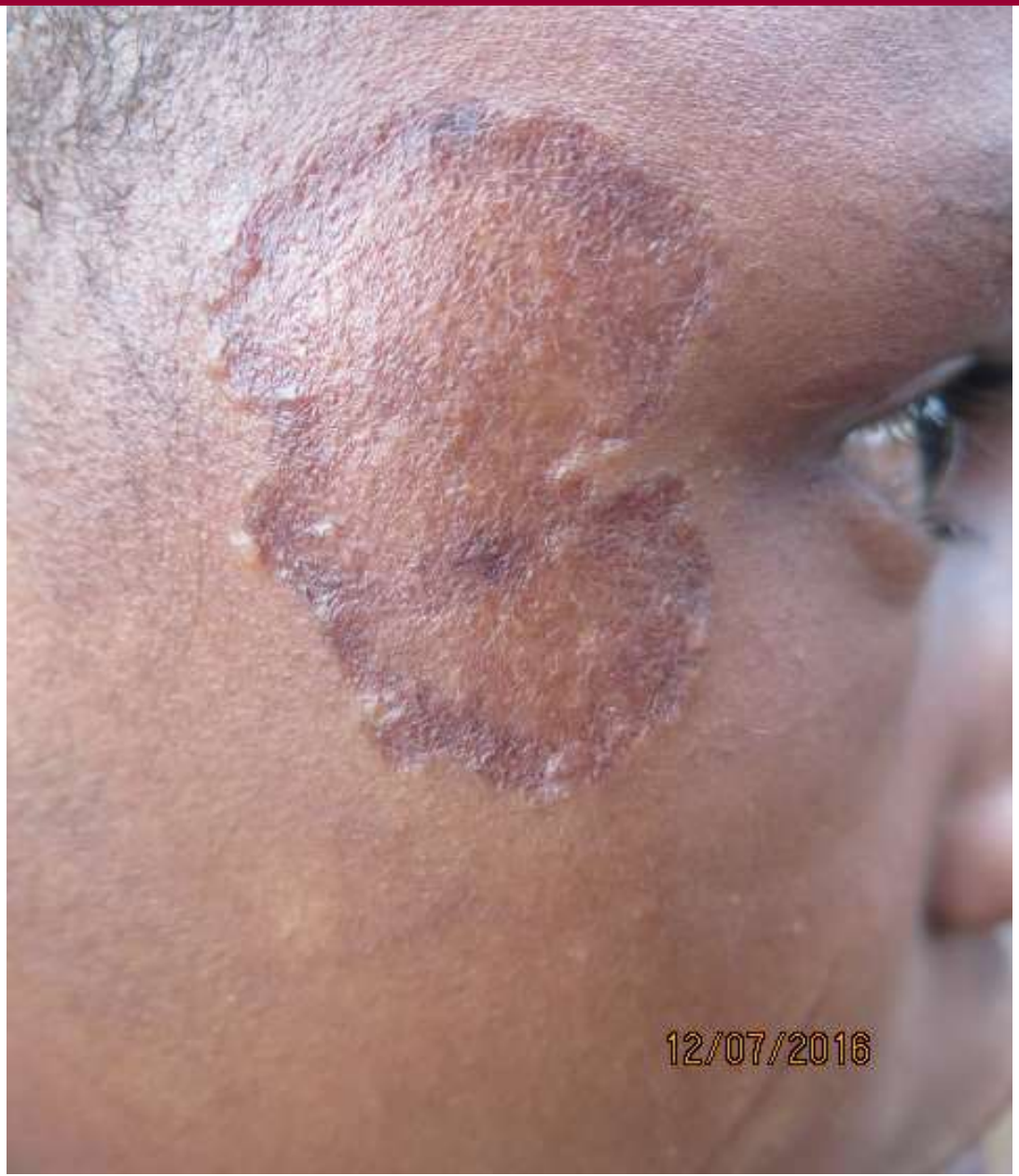
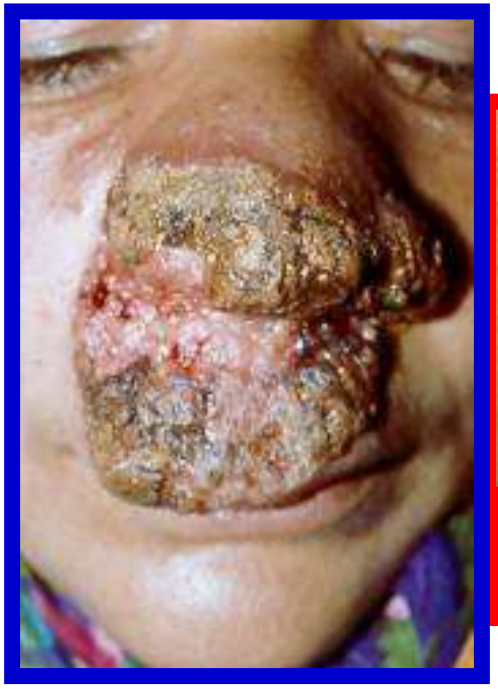
?

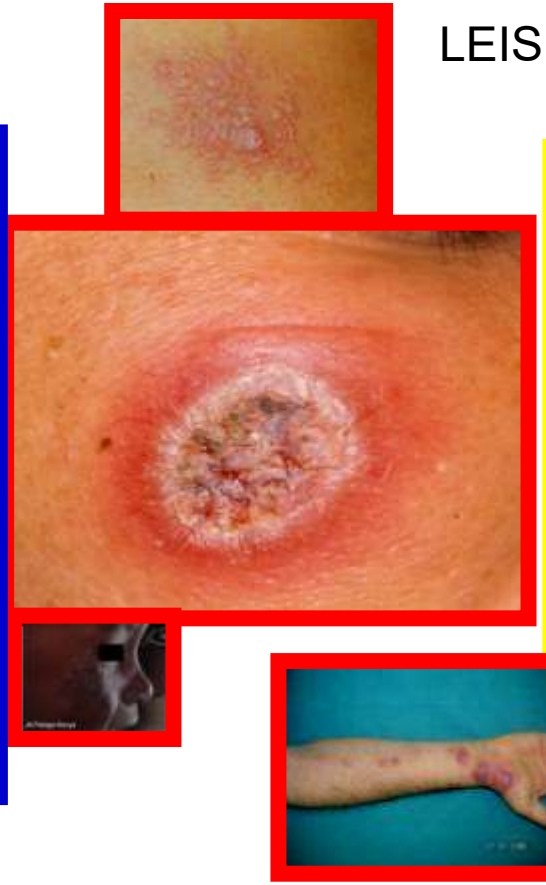
Leishmania cutis recidivans



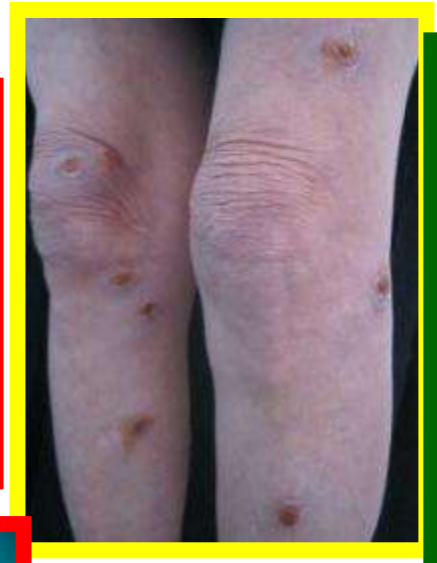
LEISHMANIOSE CUTANEE LOCALISEE

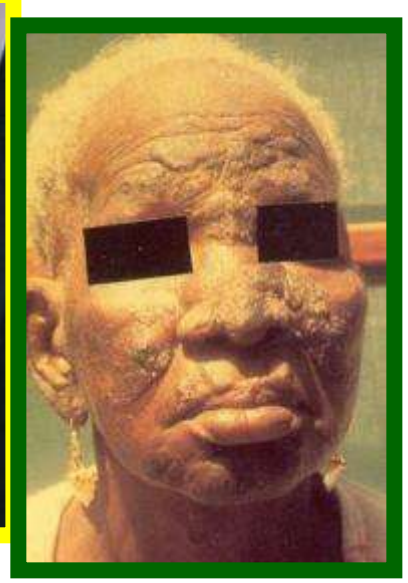
LEISHMANIOSE CUTANEO-MUQUEUSE





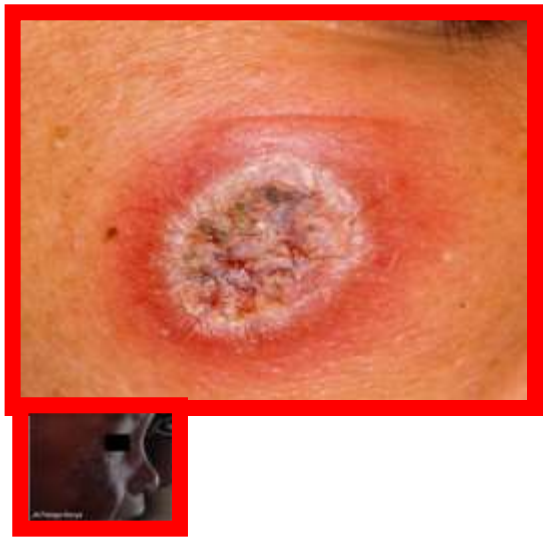
LEISHMANIOSE CUTANEE DISSEMINEE

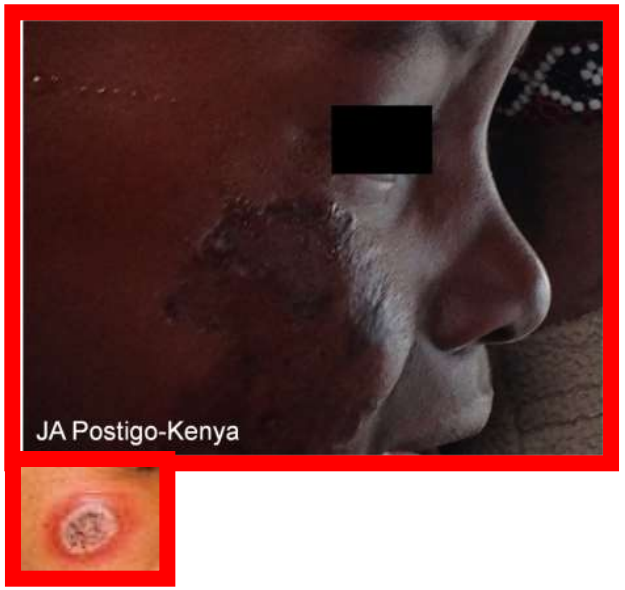


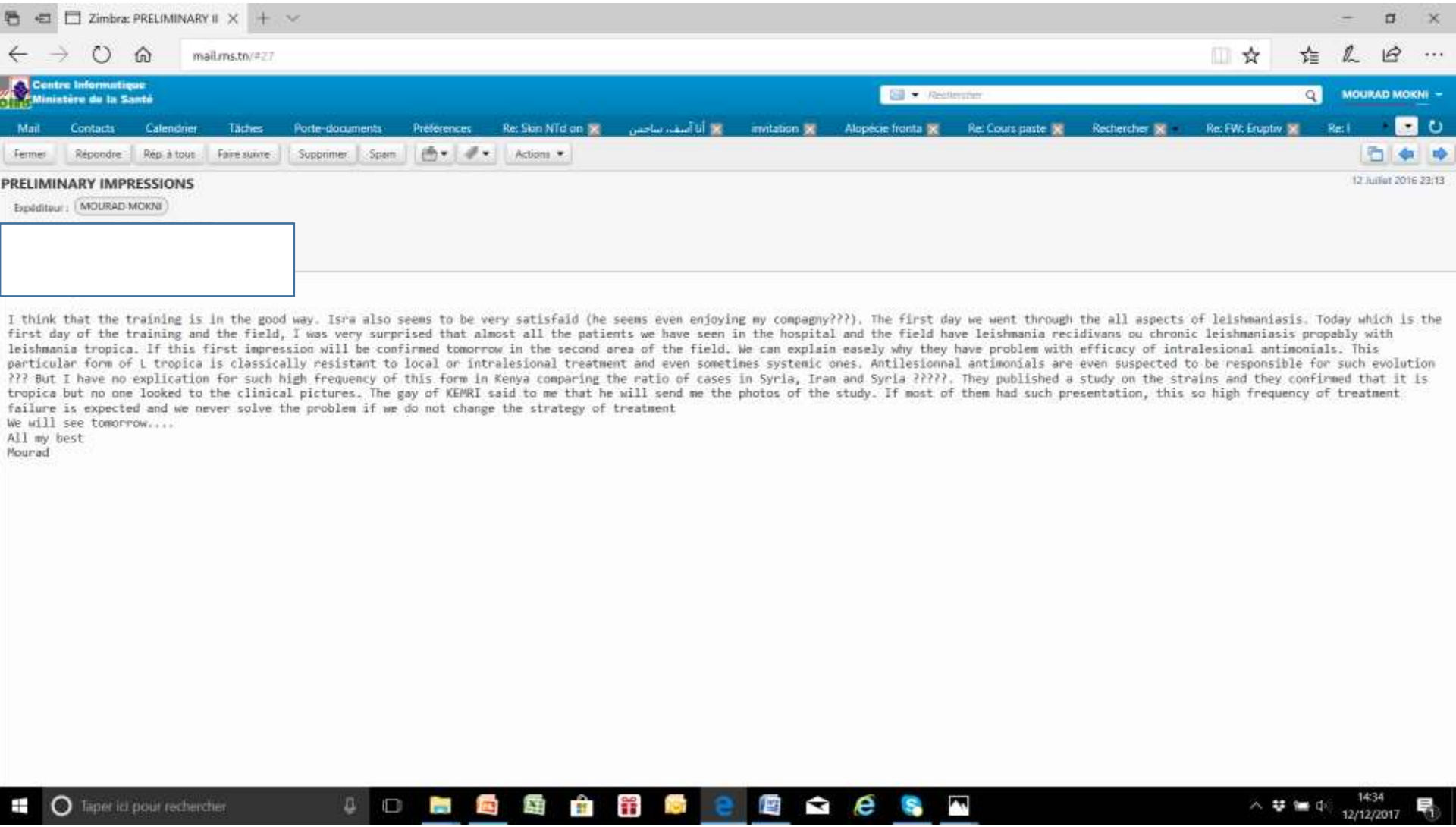


LEISHMANIOSE CUTANEE DIFFUSE

LEISHMANIOSE CUTANEE LOCALISEE






Zimbra: PRELIMINARY II
mail.rns.tn/#27
Centre Informatique
Ministère de la Santé
MOURAD MOKNI
Mail
Contacts
Calendrier
Tâches
Porte-documents
Préférences
Re: Skin NTd on
invitation
Alopécie fronta
Re: Cours paste
Rechercher
Re: FW: Eruptiv
Fermer
Répondre
Rép. à tous
Faire suivre
Supprimer
Spam
Actions
PRELIMINARY IMPRESSIONS
12 Juillet 2016 23:13
Expéditeur :
MOURAD MOKNI
I think that the training is in the good way. Isra also seems to be very satisfaid (he seems even enjoying my compagny???). The first day we went through the all aspects of leishmaniasis. Today which is the first day of the training and the field, I was very surprised that almost all the patients we have seen in the hospital and the field have leishmania recidivans ou chronic leishmaniasis propably with leishmania tropica. If this first impression will be confirmed tomorrow in the second area of the field. We can explain easely why they have problem with efficacy of intralesional antimonials. This particular form of L tropica is classically resistant to local or intralesional treatment and even sometimes systemic ones. Antilesionnal antimonials are even suspected to be responsible for such evolution ??? But I have no explication for such high frequency of this form in Kenya comparing the ratio of cases in Syria, Iran and Syria ?????. They published a study on the strains and they confirmed that it is tropica but no one looked to the clinical pictures. The gay of KEMRI said to me that he will send me the photos of the study. If most of them had such presentation, this so high frequency of treatment failure is expected and we never solve the problem if we do not change the strategy of treatment
We will see tomorrow....
All my best
Mourad
Taper ici pour rechercher
14:34
12/12/2017

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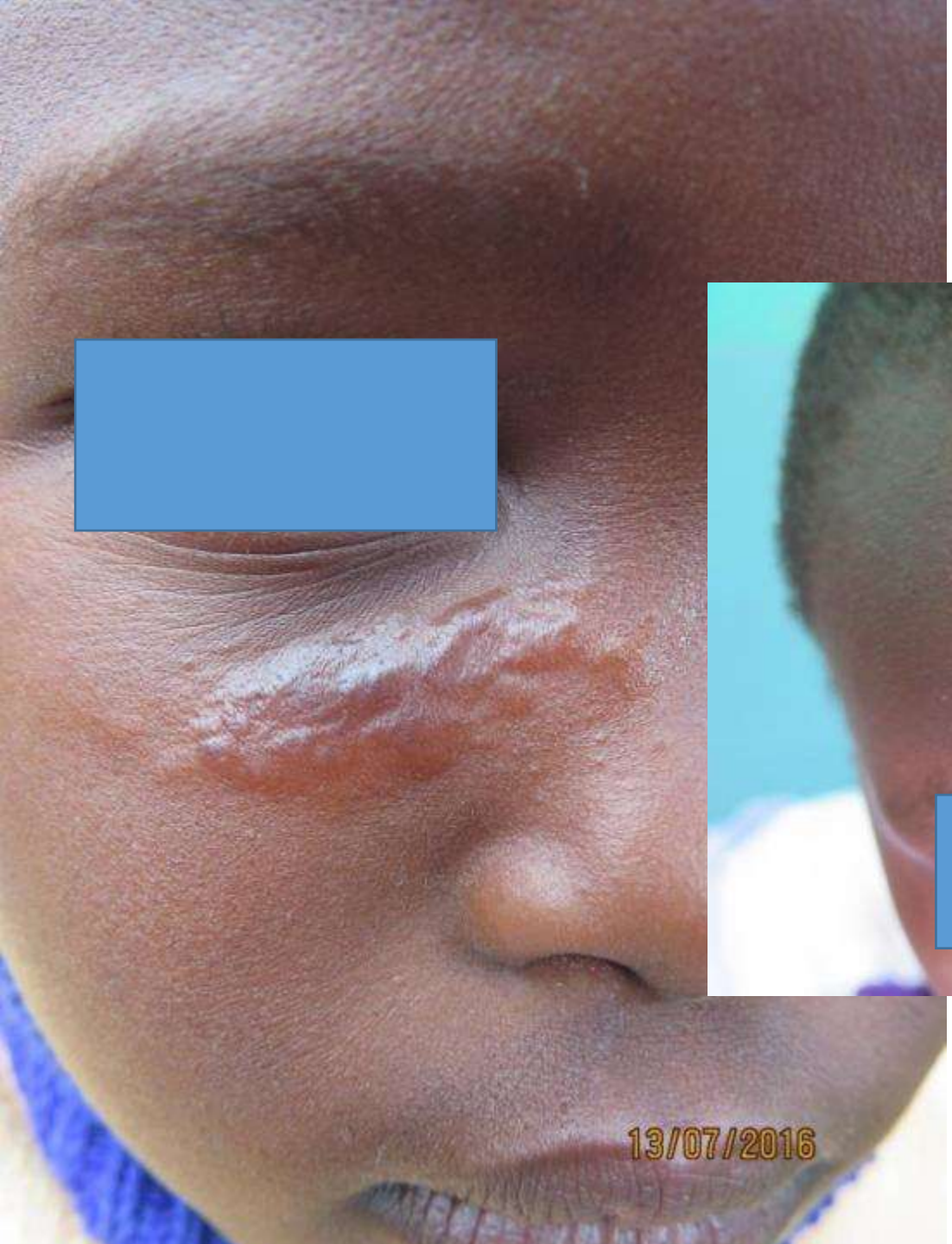
We will see tomorrow....

All my best

Mourad


13/07/2016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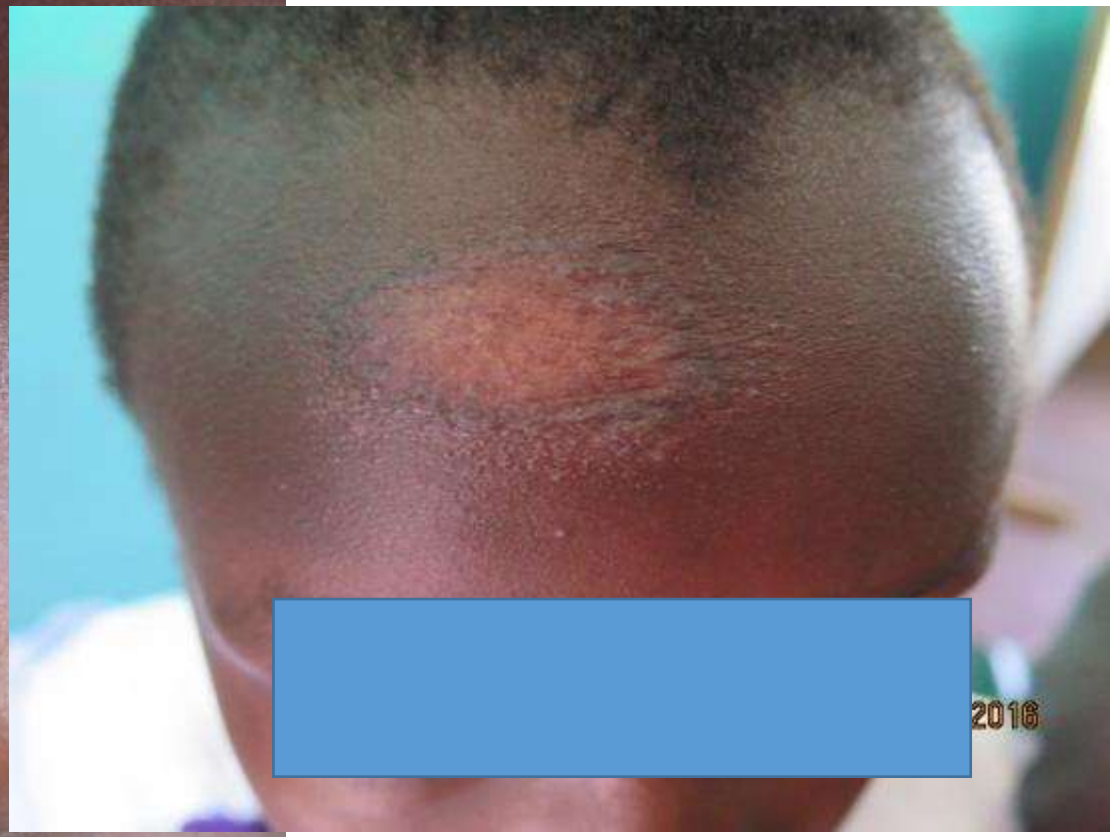
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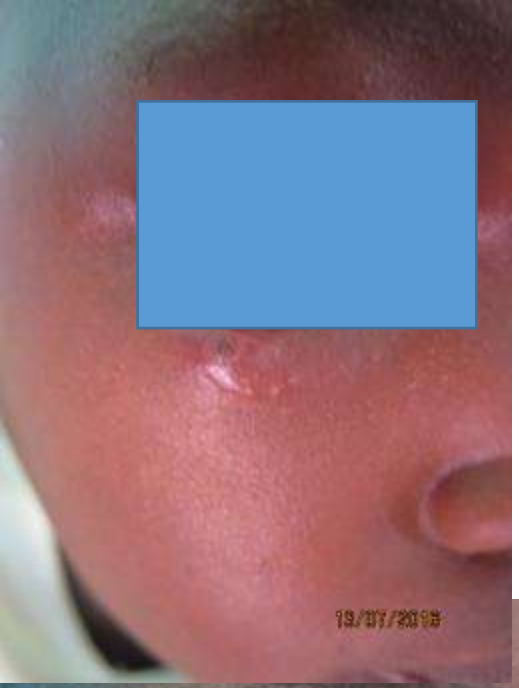

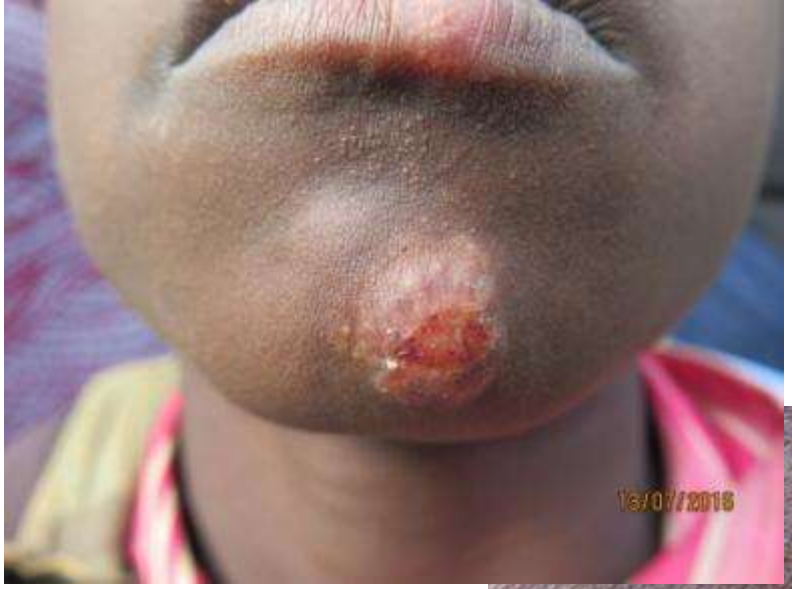

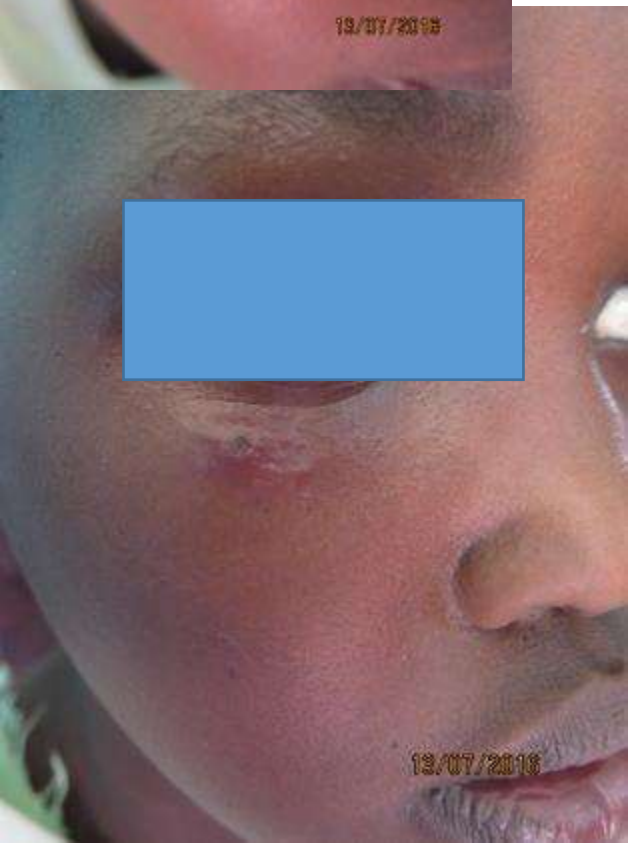

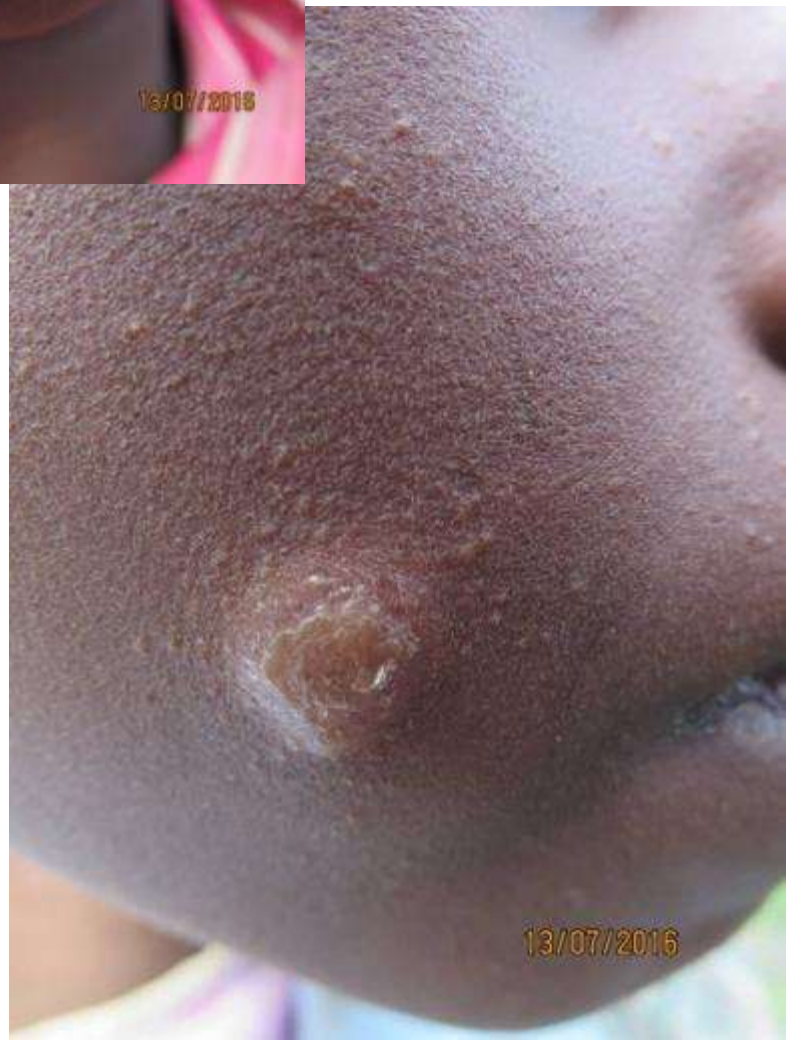
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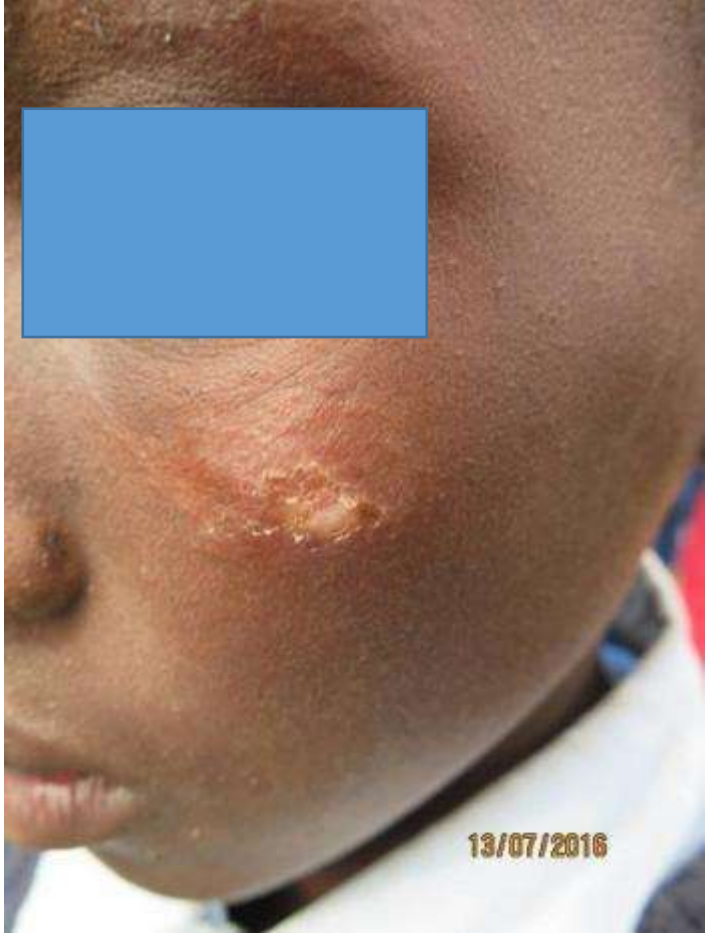
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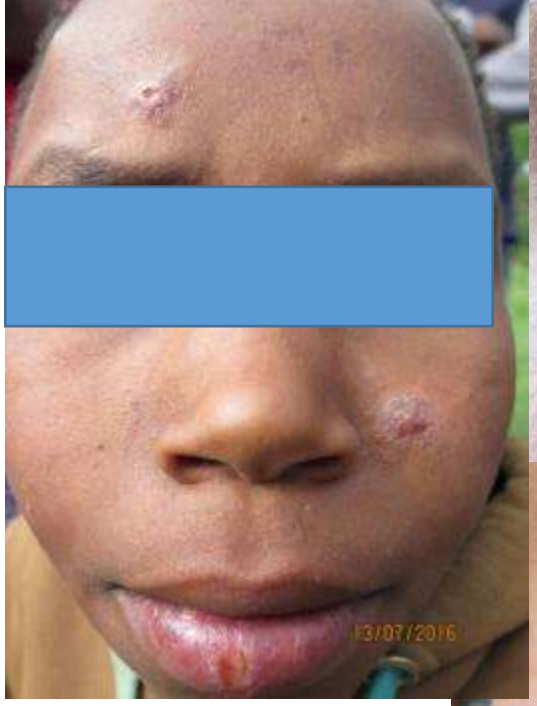
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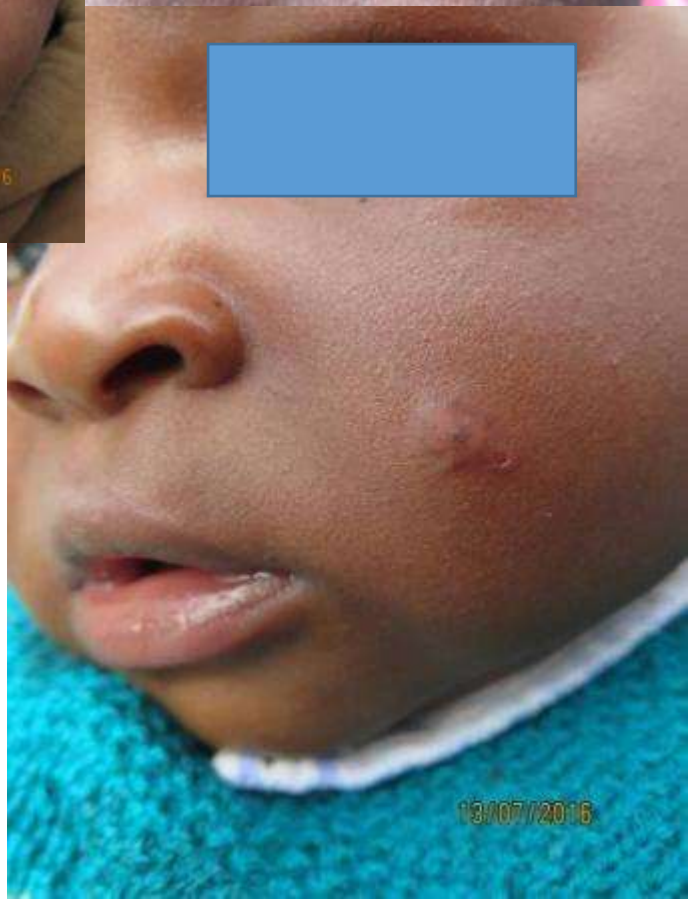
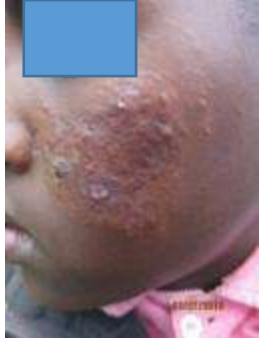
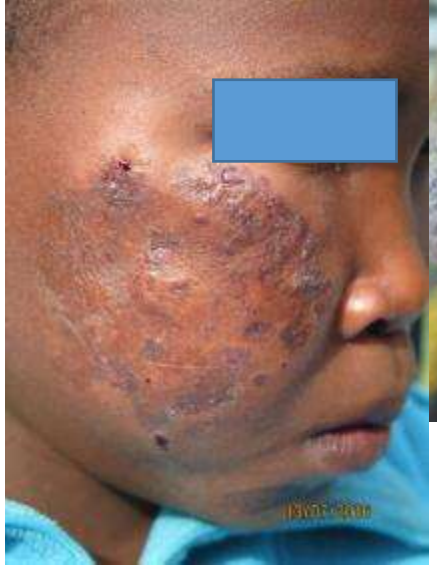
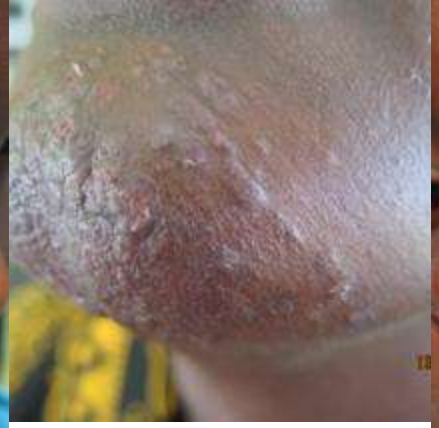
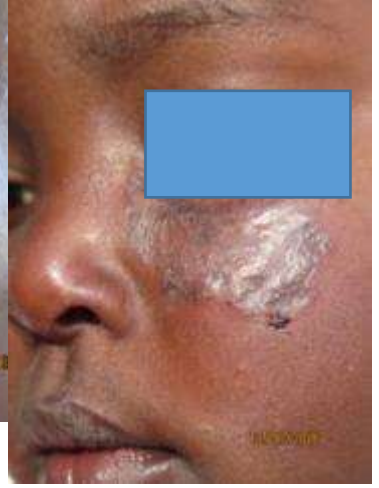
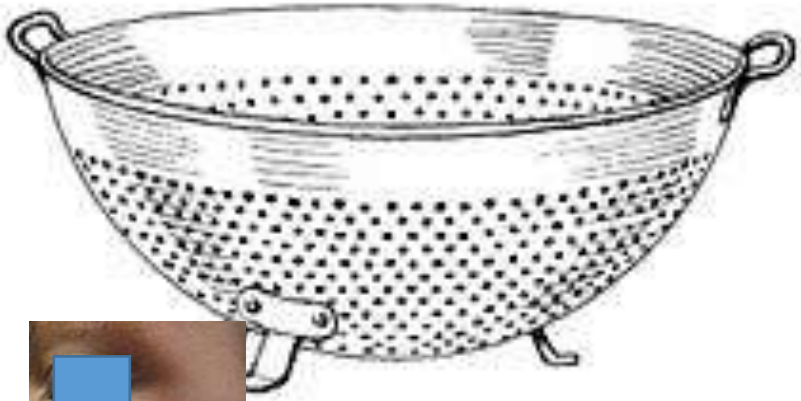
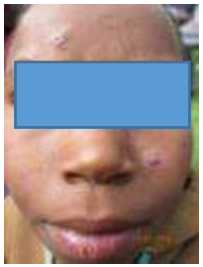
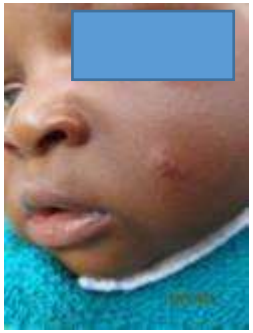
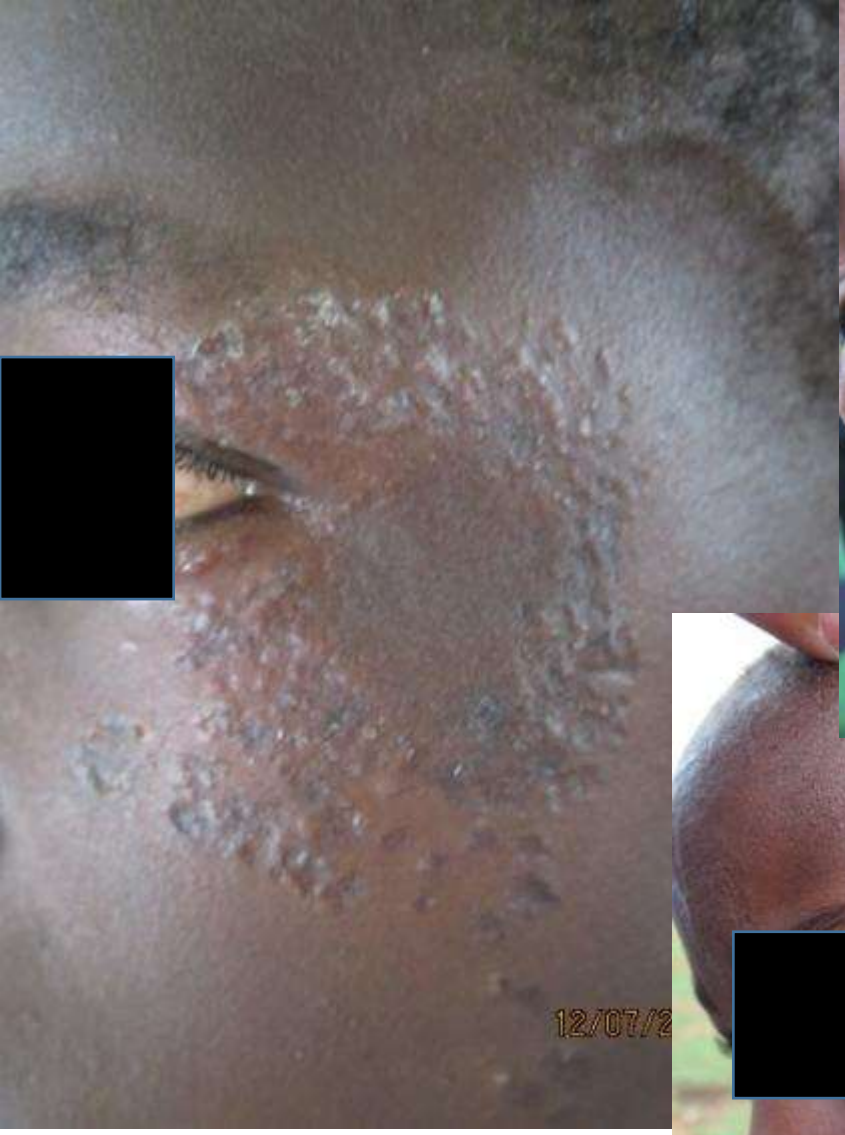


BIAIS DE SELECTION

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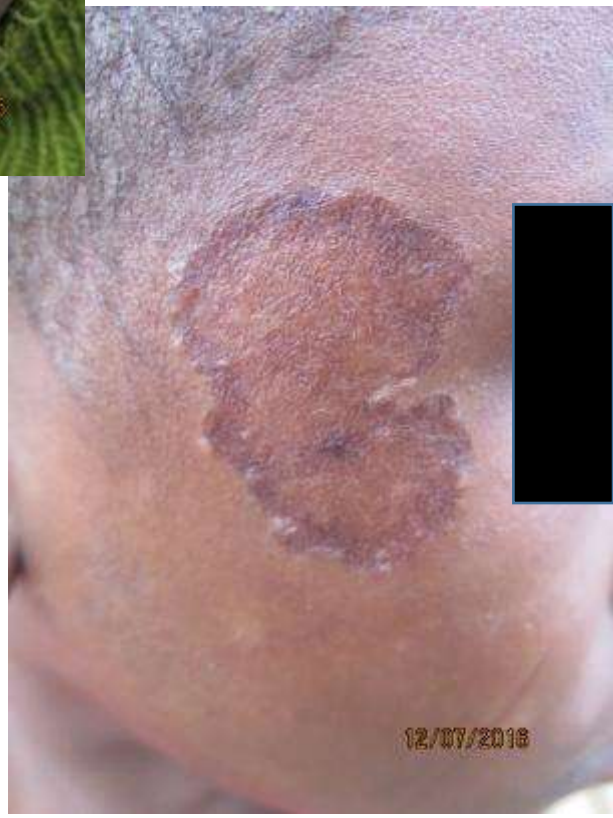
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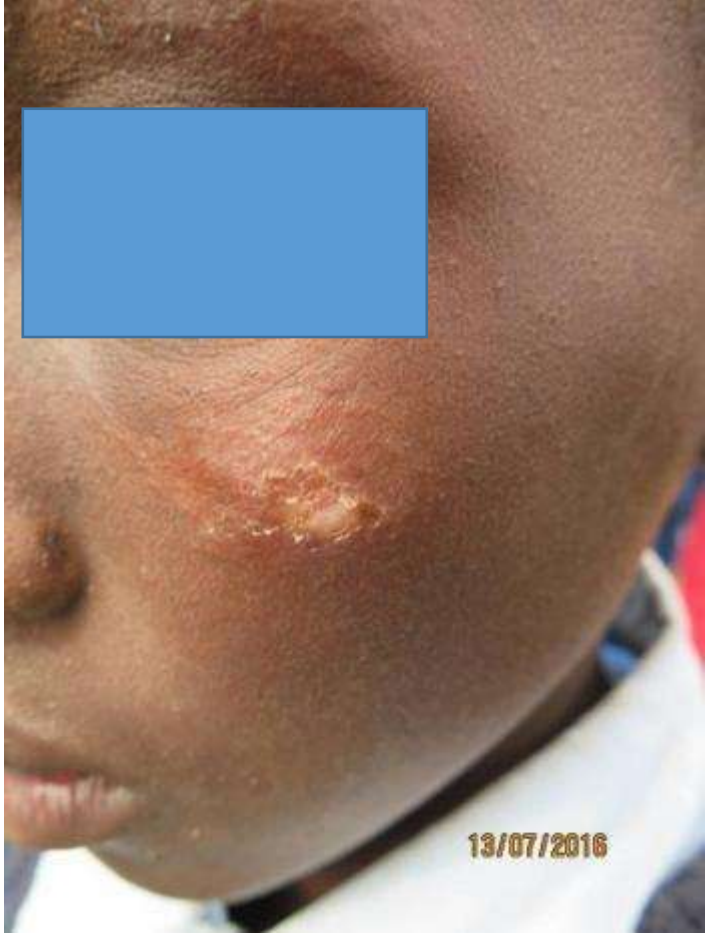
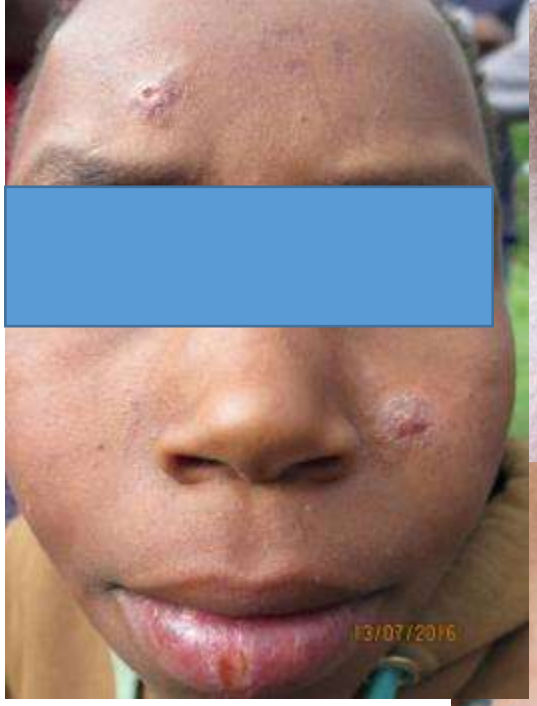
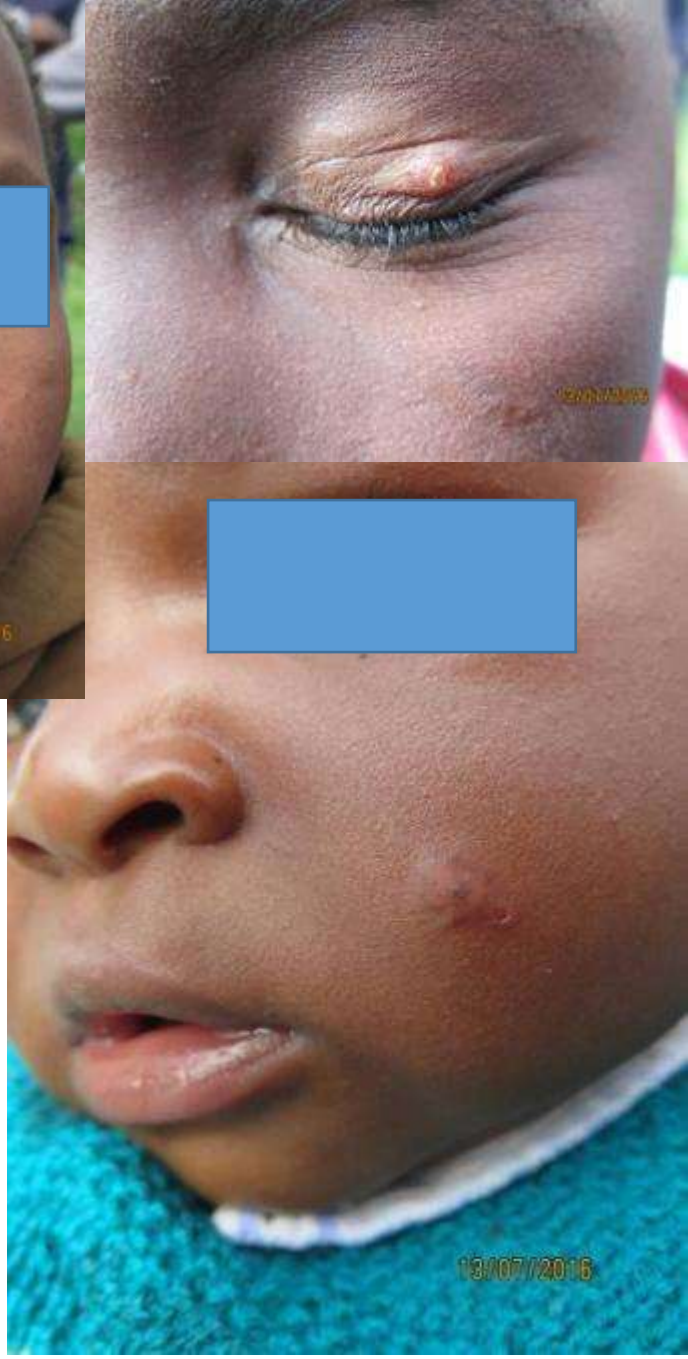
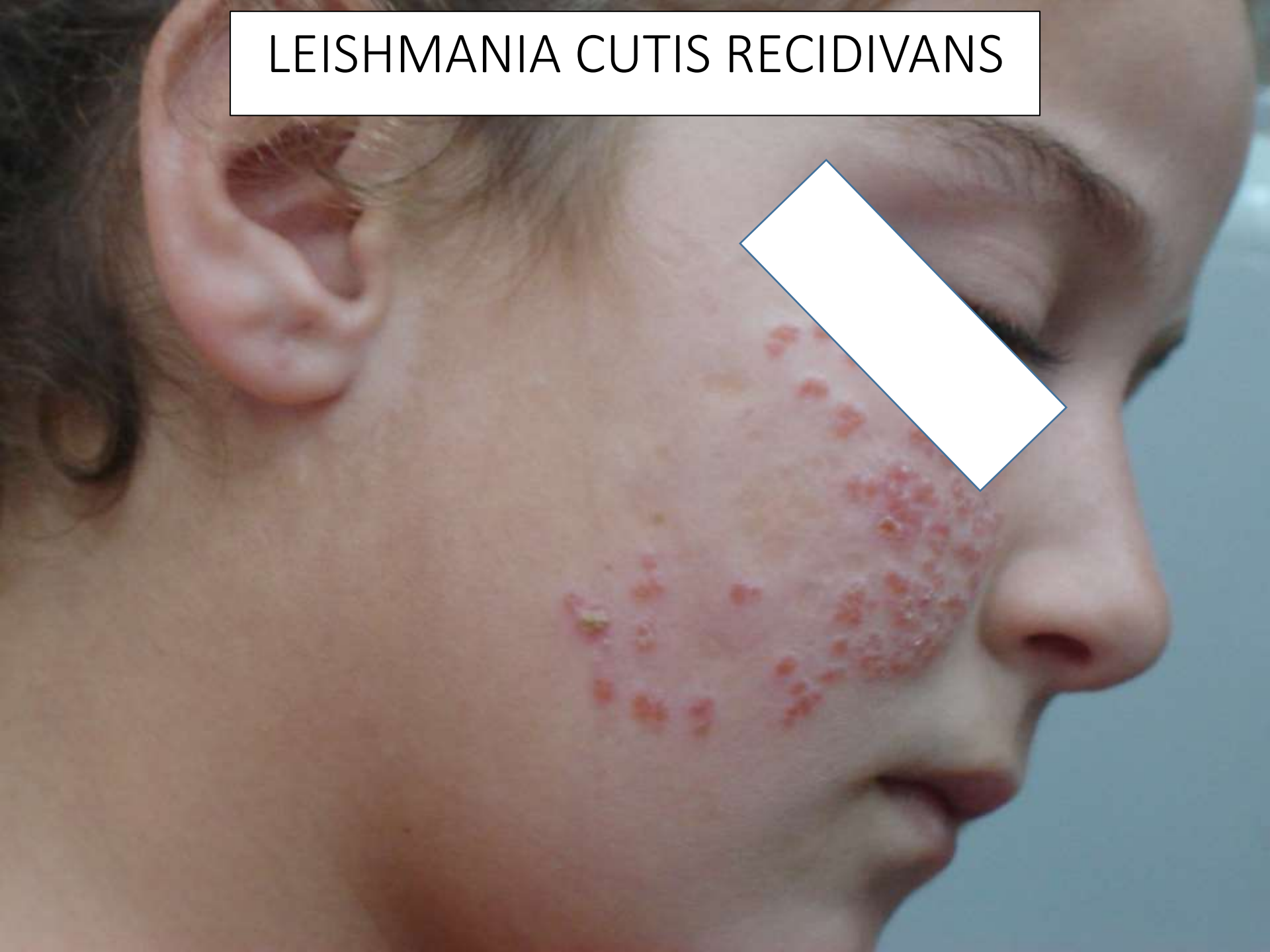






Pas de consultation

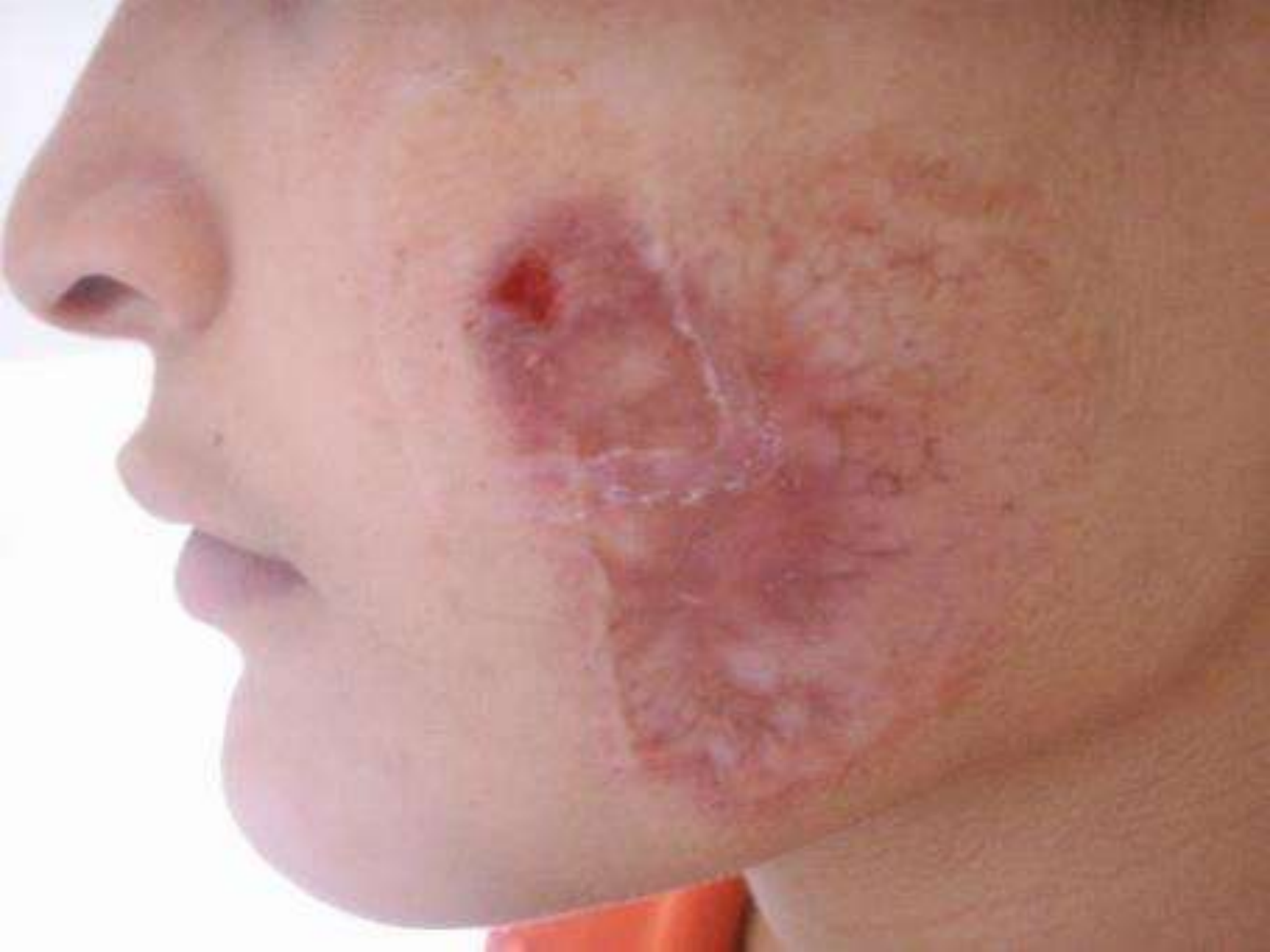
LEISHMANIA CUTIS RECIDIVANS



Leishmaniasis Cutis Recidivans

Mainly L. tropica

Photo credits: Professor Mokni Mourad



Leishmania cutis recidivans

- **Plaque cicatricielle à bordure active.**
- **Une maladie chronique**
- **Caractérisée par une réponse immune forte**
- **Caractérisée par faible nombre de parasite**
- **Une mauvaise réponse thérapeutique**

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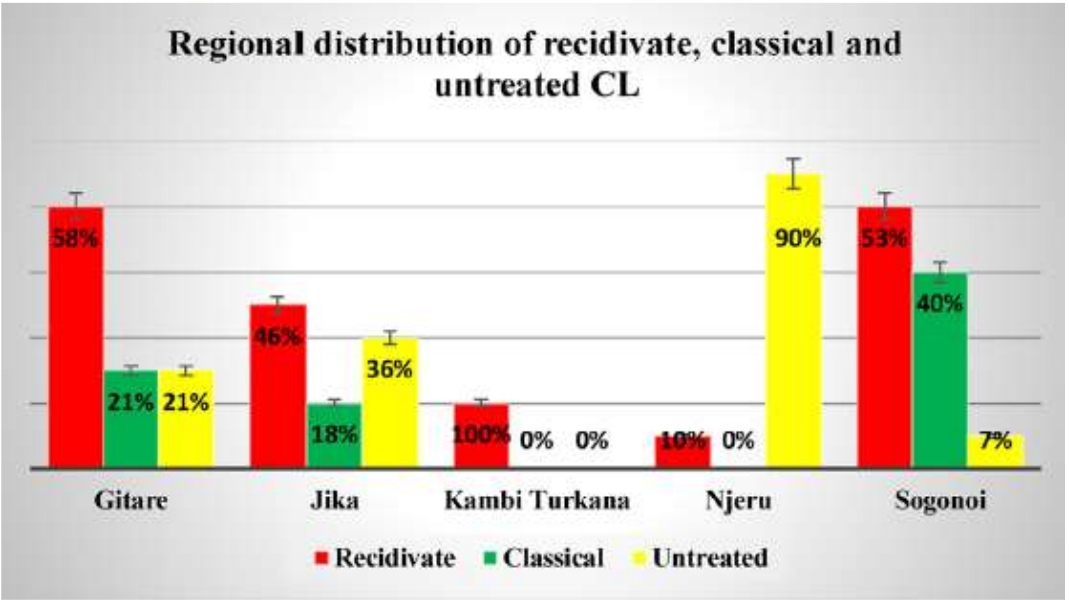
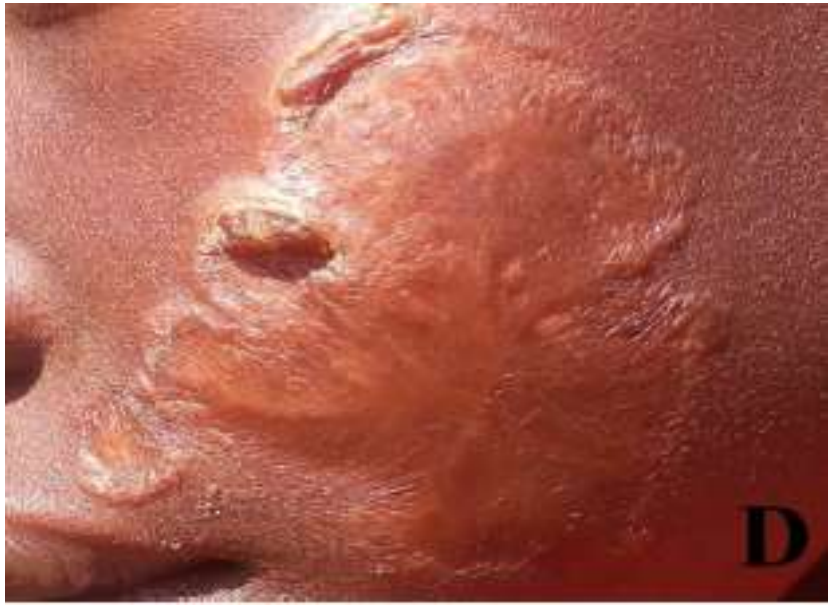
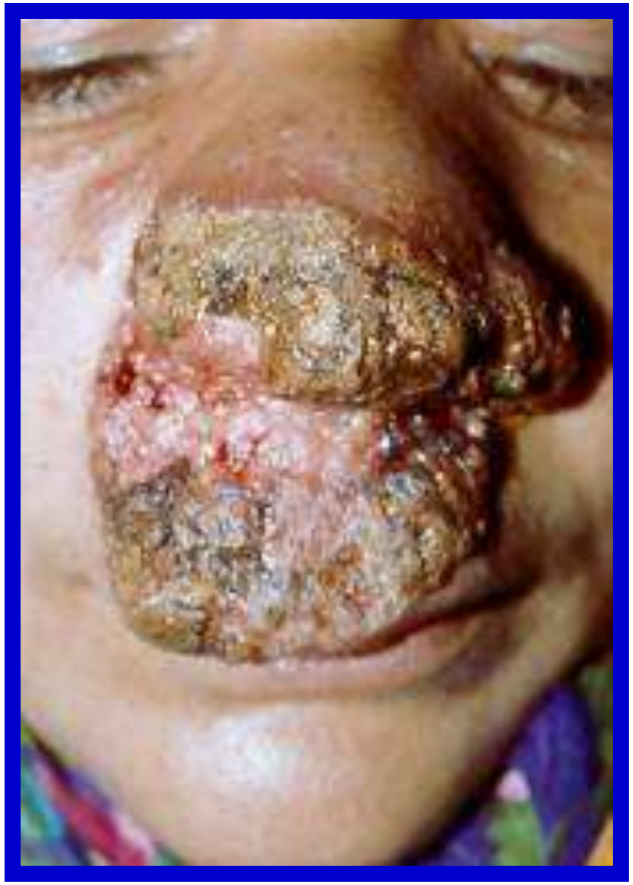
Leishmaniasis recidivans by *Leishmania tropica* in Central Rift Valley Region in Kenya

Joseph Wambugu Gitari[a], Samson Muuo Nzou[b,c,*], Fred Wamunyokoli[a], Esther Kinyeru[d], Yoshito Fujii[e], Satoshi Kaneko[c,e], Matilu Mwau[b]





LEISHMANIOSE
CUTANEO-MUQUEUSE



LEISHMANIOSE
CUTANEE
DIFFUSE