Abstract

**Background and objective:** Visceral leishmaniasis (Kala-Azar) is one of the most important health-related parasitic infectious diseases. The rate of attention to leishmaniasis has increased as a public health problem. Leishmaniasis is an endemic disease in Iran and more than 80 countries worldwide. Considering the importance of early diagnosis and timely diagnosis, and consequently the treatment of calazar due to severe and 100% lethality, and climate and environmental changes in different areas and their impact on the spread of the disease, we looked at changes in epidemiological patterns and clinical features. Because of the wide variety of clinical forms and epidemiologic conditions of the disease, each focuses on its own principles and methods of control.

**Methods:** All patients who were admitted to Bou Ali Hospital during 2011-2016 with a qualitative diagnosis were studied. In this study, 46 cases were examined. 31 of them had a definite diagnosis of leishmaniasis that were included in the study. The relevant questionnaire included demographic information such as age, gender, weight, place of living, level of family education, family history of diseases, symptoms to complete the specified goals. After completing the questionnaire, the data were analyzed in SPSS software.

**Results:** Demographic data of 31 children with visceral leishmaniasis showed that 18(58.1%) cases were girls and the rest were boys. Of these, 25 (80.6%) were below the age of 2 years. The average age of the patients was 25.8 ± 32.3 months. More than half (61.3%) of the patients were in the Moghan region (Garmi, Parsabad, Aslando). Clinical symptoms began in 10 (32.3%) patients in the winter. Fever was the most commonly observed clinical symptom in children with kala_ azar (93.5%) . Of 27 children with a history of symptom onset, 17 children (63%) were diagnosed at the interval of 2-4 weeks. The result of the DAT test was positive in 27 children (87.1%) and the rest was negative. In the 14 cases (58.3%), there was definitive evidence to confirm the presence of leishmaniasis. However, in 7 patients receiving amphotericin during their treatment period, 6 cases (85.7%) and one case (14.3%) Hepatotoxicity was observed.
**Conclusion:** Most cases of visceral leishmaniasis occur in Ardabil province under the age of 2 years. Visceral leishmaniasis is more common in winter than in other seasons. The incidence of visceral leishmaniasis in the Moghan plain is higher than in other regions. In the clinical presentation of patients, fever, anemia and enlargement of the spleen and liver were very common. The use of DAT in combination with clinical symptoms seems to be more suitable for initiating treatment than bone marrow aspiration in all patients.

**Keywords:** Leishmaniasis, epidemiologic, Kala-Azar