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Case Report

Cutaneous Leishmaniasis with Unusual Presentation

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Abstract

This case report states a 25-year-old woman, residing in the city of Dezfool, Khuzestan Province, south of Iran with the diagnosis of cutaneous leishmaniasis in June 2008. Her skin lesion had developed from 8 months earlier as a nodule on her left arm, 1×3 cm in diameter. Because of severity of the lesion, we prescribed meglumine antimoniate intralesionally with giving up her breast feeding. After 6 months follow-up, no recurrence was seen.

Keywords: *Leishmaniasis, Unusual, Giant, Iran*

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Case report

A 25-year-old lady, residing in the city of Dezfool, referred to us in June 2008. Her skin lesion had developed from 8 months earlier as a nodule on her left arm, 1×3 cm in diameter. That time, with the diagnosis of cutaneous leishmaniasis, meglumine antimoniate had been prescribed. Because of breast feeding, she was banned from this remedy. Through the period of no taking drug, her lesion gradually evolved to an extensive ulcer, so that all of lateral side of the left arm was involved. She had no history of other diseases.

On examination, there was an extensive crusty plaque on left arm with purulent discharge from cracks on it, along with few numbers of papules neighboring this (Fig.1).

Her routine laboratory tests were in normal range. Smear and culture of the lesion confirmed the diagnosis of leishmaniasis.

Because of severity of the lesion, we prescribed meglumine antimoniate intralesionally with giving up breast feeding. Her injections performed weekly, with dividing the lesion into two parts and injecting in one part in each session, because of the large size of the lesion. After a period of 4 month, her lesion improved completely with scar formation (Fig.2). After 6 months follow-up, no recurrence was seen.

Cutaneous leishmaniasis is a zoonosis disease in human and animals that is mainly caused by two species of *Leishmania tropica* and L. *major*. According to the reports of World Health Organization (WHO), leishmaniasis is endemic in 88 countries throughout the world such as Africa, Asia, Europe, North and South America. There is an estimated of 12 million cases worldwide, with 1.5 to 2 million newly cases each year (1,2). The incidence has been increased in Iran over the last 20 years (3).

Depending on the infecting *Leishmania* species and host immunocompetence, there are cutaneous, mucocutaneous and visceral forms of the disease (4).

CL typically presents with a skin ulcer over exposed region of the body after a sandfly bite and generally heals spontaneously within 3-6 months (4).The face, neck and arms are the commonest targets, although the location of the lesion in a covered area such as the shins is not unusual in Iran (3). It presents a spectrum of manifestations both clinically and histopathologically (5). In addition to classical picture, several unusual and atypical features of the disease have been in literature (4). In summary, the resulting syndrome depends upon a complex interaction between a specific species of *Leishmania* and the genetic and immunological status of the host (5).

Most of the other atypical presentations, like paronychial, whitlow, lid, scar, palmoplantar and chancriform are probabely related to the normal host response to the bite of the sandfly at these atypical sites (4).Verrucose, psoriasiform, erysipeloid, zosteriform, mycetomatous, DLE-like, squamous cell carcinoma-like and eczematous morphologies were likely to be due to some altered or over expressed immune host responses (4).

Most of the atypical morphologies were correctly diagnosed, keeping a high index of suspicion regarding the endemicity of the disease in the region (4).

Our patient has an unusual manifestation, not included in atypical presentations mentioned above. We suggest the term of "giant cutaneous leishmaniasis" for this kinds of presentation.

In one study, response to treatment in atypical cases was reported satisfactorily (4). Our case also had complete response to treatment.

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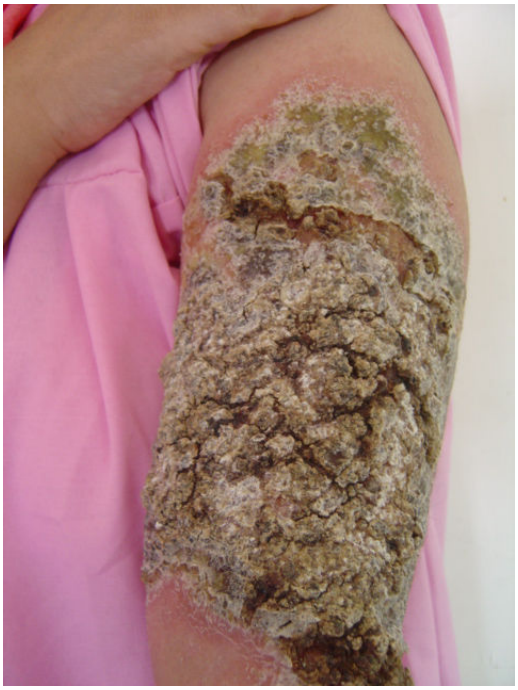

Fig.1- Cutaneous leishmaniasis manifested as an extensive crusty plaque on left arm with purulent discharge from cracks on it(original picture)

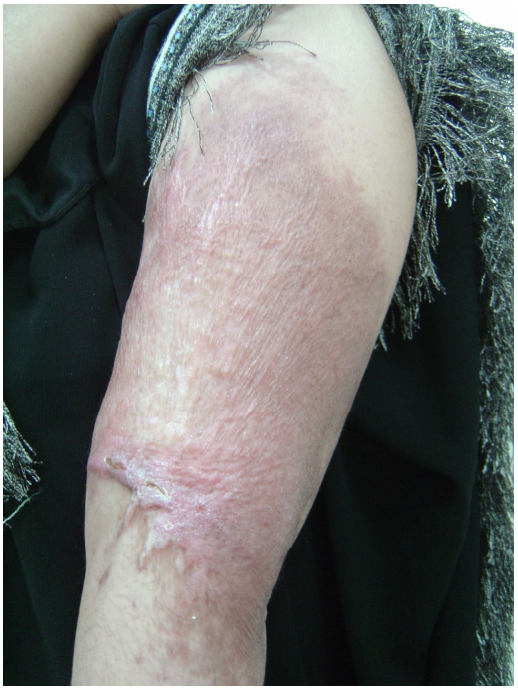

Fig.2- The lesion shown in Fig.1 after 10 months