



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

AN UNUSUAL PRESENTATION OF CUTANEOUS LEISHMANIASIS

Marina Rodrigues Costa Lages⁽¹⁾ - Patrícia Avila Fabrini⁽¹⁾ - Hugo Silva Assis Moreira⁽²⁾ - Jaqueline Morais Do Nascimento⁽¹⁾ - Geraldo Magela Magalhães⁽¹⁾

Hospital Santa Casa De Belo Horizonte, Department Of Dermatology, Belo Horizonte, Brazil⁽¹⁾ - Instituto René Rachou, Department Of Dermatology, Belo Horizonte, Brazil⁽²⁾

Background: Here, we present a 63-year-old female with a 4-month history of painless small lesions on her left shoulder. Three erythematous, indurated 5x5 mm papules were observed on physical exam. Our differential included early cutaneous leishmaniasis, which was confirmed via skin biopsy. The patient responded to intralesional meglumine antiammonate injections every 2 weeks. We observed remission of lesions, followed by scarring and thickening of the skin.

Observation: The patient first noticed three erythematous papules in a linear configuration on her left shoulder in November 2017. After an unspecified period of time, she sought treatment from her general physician. Intradermal corticosteroid injections were initiated with no improvement. She was referred to the dermatologist on March 20, 2018. Physical exam demonstrated infiltration of the skin. The lesions were not painful, nor were they associated with local or systemic symptoms.

We considered cutaneous leishmaniasis or profound mycosis as potential etiologies. Skin biopsy was performed. Histopathology showed suggestive infiltration of the dermis containing a large number of lymphocytes, histiocytes and plasma cells. Culture of the skin biopsies and imprinting (direct exam) confirmed the diagnosis. We followed the prescribed treatment course: one injection of intralesional meglumine antimoniate every 2 weeks. After the third drug dose, the lesions began to show substantial improvement with scarring. 90 days after starting injections, no sign of the papules or mucosal evolution was observed. The patient did not show side effects of meglumine antimoniate injection at any time during treatment.

Conclusion: Here, we describe an atypical presentation of cutaneous leishmaniasis without the characteristic ulcer or verrucous plaque. The unusual presentation of this typically inflammatory disease can delay diagnosis and treatment.

