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

DERMOSCOPIC FEATURES OF MUCOCUTANEOUS LEISHMANIASIS

Sarra Boufarguine [1] - Houda Hammami [2] - Anissa Zaouak [3] - Samy Fennich [4]

Dermatology Department, Habib Thameur Hospital, Tunis, Tunisia [1] - Dermatology Department, Habib Thameur Hospital, Tunis, Tunisia [2] - Deramatology Department, Habib Thameur Hospital, Tunis, Tunisia [3] - Dermatology Department, Habib Thameur Hospital, Tunis, Tunisia [4]

Introduction: mucocutaneous Leishmaniasis(MCL) is characterized by its clinical polymorphism. Dermoscopy is a great tool for diagnostic orientation.

Patients and methods: retrospective study of patients diagnosed with MCL, having dermoscopic examination from January 2012 to July 2018.

Objectives: determining dermoscopic features of MCL and finding correlation between clinical presentation and dermoscopic aspect.

Results: The study included 37 patients. The average age was 27,7years.The lesions were located in the face 63.8%, lower limbs 16.6% and upper limbs 27,7%. One lesion was located in the trunk, ear pavilion and the scalp. Several clinical presentations were identified: crusted and ulcerated plaque in 12 patients, ulcerated nodule (10), verrucous lesions (5), lupoid(3), erysipelatoid (2) and mucous (lips)(3). Dermatoscopic examination showed an erythema in 83%, yellow teardrop and white circles 52,7% , white starburst33,3%, central ulceration 41,6%, fried egg 61% and yellow thick hyperkeratosis 2,5%.
Various vascular structures were present: hairpin vessels 50%, dotted vessels 36,2%, tree-like pattern 22,2%, glomerulus vessels 5%, orange yellowish background in 3 lupoid lesions and milky red areas (2 lesions).

Discussion: Although verrucous cutaneous leishmaniasis was found in 5 cases, it was rarely reported in the literature. Lupoid and erysipelatoid form and mucous leishmaniasis remains rare. Correlation between dermoscopic aspect and disease duration was reported and was noticed in our patients: erosion /ulceration, hyperkeratosis, and vascular structures at the periphery were seen in old lesions while yellow tears in new ones. In this study we tried also to find a confrontation between clinical and dermoscopic presentation: orange yellowish background and tree-like pattern were present in all lupoid forms and in all mucous leishmaniasis, starburst patterns and hairpin vessels were found. Hairpin vessels

predominate in infiltrate lesion and peripheral white circles in hyperkeratotic lesions.

Conclusion: Finding correlation between clinical presentation and dermoscopic aspects needs to be confirmed by others broad spectrum studies.