



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

DISEMINATE CUTANEOUS LEISHMANIASIS SECONDARY TO L. MEXICANA

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Background: Leishmaniasis, caused by *Leishmania* spp., constitutes a varied spectrum of diseases with ranging severity (spontaneous-healing ulcers, visceral damage and death). The parasite is transmitted to humans through biting of the sandfly. The main vectors in Mexico are *Lutzomyia olmeca* and *Phlebotomus*. In our country, there are approximately 400 new cases per year, being the disseminated cutaneous cases the least common. In this form of presentation, the lack of immune cellular response allows lymphatic and haematogenous spreading of the parasite. The visualisation of vacuolated histocytes and Leishman-Donovan bodies in the biopsy confirms the diagnosis. Antimonials are the first-line therapy.

Observation: A 56-year old Mexican male without any comorbidities or use of medications, presented with a 6-month history of an hemifacial, erythematous, indurated plaque. The patient referred an insect bite 7 months ago when visiting Puerto Vallarta beach in Mexico. This caused the development of a pruriginous papule that did not heal and progressed to affect 50% of the face and the appearance of nodules over the trunk and external surfaces of upper extremities. A skin biopsy was performed on the erythematous border of the plaque and the secretion obtained from one of the nodules was analysed through direct examination. Visualisation of promastigotes was evident. *L. Mexicana* was confirmed by PCR. Treatment was initiated with meglumine antimoniate up to 20mg/kg/d IV for 20 days, observing a complete response.

Key message: Leishmaniasis is a common parasitosis observed in tropical and subtropical countries. Treatment with antimonials (intralesional, IM or IV) remains the first-line of therapy. Other options include liposomal amphotericin B, particularly for visceral involvement. The most important diagnostic key is current travel to endemic areas that might be accountable for the dermatosis and prompt early diagnosis and start of the treatment.

