



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

CUTANEOUS LEISHMANIASIS IN AN IMMUNOCOMPROMISED PEDIATRIC PATIENT WITH ACUTE LYMPHOBLASTIC LEUKEMIA: A CASE REPORT.

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Background: Leishmaniasis is an infectious, protozoan disease caused by the parasite *Leishmania*. It is transmitted by the phlebotomine sandfly bite. It is most common in undeveloped countries. The clinical features depend of parasite genus, geographic area and patient's immunity.

Observation: A 5-year-old male with acute lymphoblastic leukemia under treatment with CRI-16 (dexamethasone, vincristine, methotrexate and 6-mercaptopurine) chemotherapy in maintenance phase was evaluated at Hematology Department of the Hospital Nacional de Niños in San José, CR, with a history of one month evolution of a mosquito bite in the left lower limb that evolved into an ulcerated nodule. A smear for leishmania was done with negative results. He was treated with topical fusidic acid and trimethoprim/sulfamethoxazole x 1 month with no improvement and spreading of the lesions. Physical examination revealed ulcerated plaques with erythematous-violaceous borders on left lower limb and plaques with a fine scale and crust on right buttock. Multiple adenopathies in ascending fashion were noted. A smear resulted positive. Treatment with Meglumine antimoniate was started at 1250mg/day IM (56mg/kg/d) for 21 days. Chemotherapy was suspended during the time of treatment. The course was complicated with a bacterial infection. Patient has healed lesions with atrophic scarring and on chemotherapeutic treatment without complications.

Key message: Cutaneous leishmaniasis lesions may mimic many other diseases, especially when present in immunocompromised patients, which makes the diagnosis difficult to aim. Perhaps because of the complexity of their underlying disease added to the fact that leishmaniasis diagnostic methods are mostly operator dependent. Regardless, it is important for clinicians to recognize full-blown cutaneous leishmaniasis and its association with immunodeficiency states presented in patients with positive epidemiological nexus, mostly due to their relapsing tendency and severe atrophic scarring in those not treated promptly.

