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

CUTANEOUS LEISHMANIASIS SEEN BY THE DERMOSCOPE

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INTRODUCTION: Cutaneous Leishmaniasis includes a spectrum of diseases caused by a flagellate protozoan species of Leishmania that are transmitted by phebotomine sandflies. It can occur in very different forms.

Objectives: In this study, we want to detemine the dermoscopic features of cutaneous leishmaniasis that may contribute to make a clinical diagnosis.

Materials and methods: A study was conducted in the Department of Dermatology and Venereology of the CHU Hassan II of Fez between August 2014 and April 2016 including 32 patients and 52 lesions.

RESULTS: In our study, sex ratio F / H was 1/2. The average age was 38% ans.45 lesions were located on the face, One on the abdomen and 6 on the heel. 80% of patients came from rural areas.
42 lesions were papules and nodular and 15 ulcerative crusty lesions. In 60% of patients, the diagnosis was confirmed by the smear and 40% of cases biopsy was required. A detailed dermoscopic study found erythema in 100% of lesions, hyperkeratosis was present in 72% of cases. Ulceration was present in 55%. The ulceration was associated with dander 52%. yellowish tears was present in 80%. A periphery starburst appearance was present in 66% of lésions. Salmon-colored ovoid structures were seen in 16%. The most common vascular structures were comma shaped vessels present in 100%, followed by atypical linear vessels in 80% of lesions , glomerular vessels in 72% of lesions and dotted vessels in 45%. The rest of vascular structures found were hairpins vessels in 38% of lesions, the arborising telangiectasia found in 5% of lesions.

CONCLUSION: Dermoscopy could help to improve the accuracy of clinical diagnosis of the disease. Furthermore, being non-invasive, the technique is easy for doctors to undertake and can reduce, in some cases, the need for invasive diagnostic measures.