



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

LIP LEISHMANIASIS : A DIAGNOSIS TO KEEP IN MIND

I Chabchoub⁽¹⁾ - M Ben Slimane⁽¹⁾ - F Rabhi⁽¹⁾ - W Abdelli⁽¹⁾ - S Youssef⁽¹⁾ - K Jaber⁽¹⁾ - M A Dhaoui⁽¹⁾

Military Hospital, Dermatology Department, Tunis, Tunisia⁽¹⁾

Background: Leishmaniasis is a parasitic disease caused by a protozoon (*Leishmania*). The diagnosis of cutaneous leishmaniasis (CL) can be challenging because it mimics both infectious and malignant conditions, especially when located in uncommon areas. We report two cases of lip leishmaniasis, a common yet rarely mentioned manifestation of CL.

Observations: A 48-year old male presented with painless erythematous and crusted plaques on the lips. Symptomatic treatment for oral herpes was first undertaken. Three months later, he presented for the same complaint reporting that the treatment was ineffective and that the lesion has been slowly enlarging. Examination showed 2 infiltrated crusted plaques, located on the left half of both upper and lower lips. The examination was otherwise unremarkable. A direct parasite search revealed features of amastigotes of *Leishmania* spp. Intramuscular meglumine antimoniate was started for 12 days, with disinfiltration of the lesion.

A 22-year old male presented with a 2-month history of a painless swelling of the upper lip. The examination showed a 0.5 cm ulcer of the right upper lip vermilion extending to the wet line. The lip was diffusely erythematous and edematous. General physical examination did not show anything pathologic. Direct parasite search showed features of amastigotes of *Leishmania* spp. The patient has also been treated by intramuscular injections of meglumine antimoniate with a favorable outcome.

Key message: Affections likely to reach mainly or incidentally the lips are very numerous. The diagnosis of LC was clinically suspected by the chronicity of the lesion, the young age, the inefficacy of prescribed treatments and residence in endemic areas. Mucosal lesions most often occur by contiguity from a skin site, more rarely by phlebotomy puncture directly in the mucosa. These locations should not be ignored, especially when in front of a patient living or staying in an endemic area.

