



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

LOCALIZED CUTANEOUS LEISHMANIASIS, EVOLUTION WITH COMBINED TREATMENT: CRYOTHERAPY AND INTRALESIONAL MEGLUMINE ANTIMONIATE.

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BACKGROUND: Cutaneous leishmaniasis is a disease included within Neglected Tropical Diseases, its management can be a challenge in high-prevalence countries and limited availability of health services to meet them. Uses of intralesional treatment with meglumine antimoniate or cryotherapy are good choices in lesions less than 3cm, few (1-2) and with less than 3 months of evolution, have similar efficacy separately but increases when combine them. The risk of Mucocutaneous forms has not been pointed out in previous studies, however patients re-evaluated after 10 years of intralesional treatment with antimonials did not relapse.

We document evolution in time after combined treatment with meglumine antimoniate and cryotherapy in unique Localized Cutaneous Leishmaniasis lesion that leave a scare area with discromic macule corresponding to area of perilesional induration.

OBSERVATION: Female 26-year-old who has ulcers with granulous background and high edges in chest after two months of evolution, clinically compatible with Localized Cutaneous Leishmaniasis; confirmed by biopsy and immunofluorescence. We cannot start Meglumine antimoniate systemic as routine treatment protocol; because very limited availability of medication for socio-political problems of the country, combined intralesional therapy and cryotherapy was beginning. Previous measurement of ulcer has done and weekly sessions were planning, after third session patient concerns metallic taste, asthenia and palpitations; treatment is suspended with epitelization ulcer of 100%. For the fifth week absence of ulceration or infiltration only islands of repigmentation and two years persists scar discromic area without evidence of disease activity.

KEY MESSAGE: Localized Cutaneous Leishmaniasis, Cryotherapy, Meglumine antimoniate

