



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

RISK FACTORS OF SPOROTRICHOID FORM IN ACRAL CUTANEOUS LEISHMANIASIS

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Introduction: Localization in the hands and feet of cutaneous leishmaniasis (CL) is frequent with significant risk of sporotrichoid dissemination.

Objective: Evaluation of the risk factors of this complication.

Materials and methods: Retrospective study including all cases of acral LC (hands and feet) hospitalized from January 2001 to April 2018. Patients were divided into two groups: with (Group 1: G1) and without lymphatic dissemination (Group 2: G2).

Results: Two hundred and four cases were included (35% of the LC) of which 58 had a sporotrichoid form. The mean time to onset of sporotrichoid nodules was 41 days. A female predominance was noted in both groups (G1: 70.7%, G2: 58.2%) with no significant difference ($p = 0.098$). The mean age of patients was significantly higher in G1 (47.7 years) than in G2 (41.38 years) ($p = 0.007$). Comorbidities (diabetes and / or hypertension) were found in both G1 and G2. The non-endemic origin was more found in G1 (27.6%) than in G2 (17.8%). The sporotrichoid form was significantly more common in the upper limbs (UL). Cryotherapy and intralesional infiltration with meglumine antimoniate (ILMA) were previously used in 12.7% and 37.9% (G1) versus 2.7% and 19.9% (G2), respectively ($p = 0.008$, 0.007). Intra-muscular meglumine antimoniate (IMMA) was more used in G1 (88.2%) than G2 (66.3%). Seventy-eight patients were lost to follow-up. For the rest, the evolution was marked by a disinfiltration of the lesions with an average of 27 days (G1) and 31 days (G2). The disappearance of sporotrichoid nodules was more delayed (42 days).

Conclusion: This study emphasizes the predominance of the sporotrichoid form in older, non-immune subjects from non-endemic areas. Treatment with ILMA and / or cryotherapy, localization in UL are risk factors for lymphatic dissemination. IMMA remains the best treatment.

