



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

## SELF-HEALING DISSEMINATED LEISHMANIASIS IN 19-YEAR-OLD HEALTHY POSTPARTUM FEMALE

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**Background:** A healthy 19-year-old female patient presented to the dermatology department with a 9-month history of firm red papules and nodules previously located on her left buttock that had disseminated on the past 5 months to increase in number and extent, affecting also her upper back. They went from being only a few to more than a hundred. At the time of the first consult she was 6 months pregnant with no other known health problems. A complete lab work was done with no abnormal findings. One of the nodules was biopsied and showed granulomatous formations, a lymphohistiocytic infiltrate y presence of small oval microorganisms. Cultures came back positive for *Leishmania panamensis*. Bacterial, fungal and mycobacterial cultures were negative.

Because of her pregnancy no therapy was given. On her check up appointment, 2 months postpartum, 80% of the lesions had resolved. There were no signs of mucosal involvement nor any other new lesions were present. She had had a normal labor with no known problems on her newborn. At the moment, conservative management is being given. At six months postpartum, when her lactation stops, she will be given the appropriate antimonial therapy due to the risk of future mucosal involvement.

**Observation:** With pregnancy being a state of relative immunosuppression, her probably previously present undiagnosed cutaneous leishmaniasis disseminated giving an unusual presentation with more than a hundred lesions that, on her postpartum, when her immune system recovered, started self resolving.

**Key message:** The clinical course on leishmanial infection largely depends on the net effect between Th1 and Th2 responses. When Th2 responses dominate the clinical picture (as occurs in pregnancy due to high levels of estradiol), more disseminated disease can occur.

