



SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS

## **DIFFUSE LEISHMANIASIS IN IMMUNODEPRIVED MAN**

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Background: Cutaneous leishmaniasis is a major public health problem and causes a range of diseases, ranging from self-healing infections to chronic disfiguring disease. Currently, there is no vaccine and drug therapy is often ineffective. Estimates suggest that there are 12 million people infected, with 2 million new cases annually, most of which are cutaneous and mucocutaneous infections.

Case presentation: A 42-year-old male patient with a history of HIV stage III (AIDS CD4: 18mm3- viral load 408,560) in antiretroviral therapy with tenofovir, emtricitabine and efavirenz (1 year ago), present a 4-month history of disseminated lesions that begin as papules and pustules that rapidly progress to warty necrotic ulcers located on the face, trunk and extremities (affected body surface 60%), associated with mild pain and no other symptoms. No environmental exposure or infectious antecedents.

Physical examination revealed extensive lesions, resumed in figures 1A -1B -1C. Histopathology reveals a dense Infiltrate in the superficial and deep dermis with a tendency towards the formation of granulomas constituted by multiple structures compatible with amastigotes and histiocytes.

With all the findings we diagnosed a diffuse and disseminated cutaneous leishmaniasis in an immunocompromised patient. Starting management with liposomal amphotericin B at a dose of 15 mg/kg/day.

Conclusion: Cutaneous leishmaniasis presents a broad clinical spectrum; it should be kept in mind as a differential diagnosis in immunocompromised patients with lesions with clinical polymorphism. Is considered an opportunistic disease in patients with HIV with CD4 <100. We present the case of an immunocompromised male patient (HIV stage III) with diffuse and disseminated cutaneous leishmaniasis, with an anergic immune response and death besides medical treatment.

