



TROPICAL DERMATOLOGY

CUTANEOUS LEISHMANIASIS IN THE GENITAL AREA: AN UNUSUAL LOCATION

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Background: Leishmaniasis is an endemic disease in Bolivia. The clinical manifestations depend on the interaction between the virulence, which is a characteristic of the species, and the immune response of the host. In South America it is caused by several species of the brasiliensis complex.

Observation: Male, 57 years old, single, from the Guarayos province of the department of Santa Cruz, Bolivia. He suffered disseminated cutaneous leishmaniasis in 2014, so he got in to the Jorochito Dermatological Hospital and underwent treatment with Glucantime. The current clinical diagnosis has an evolution time of 2 years, presented an ulcerated lesion in scrotum, with a hardened base, infiltrating edges and yellowish exudate. The results of the laboratory tests were: negative for Leishmania smears, VDRL and HIV negative, histopathological study concluded in diffuse chronic dermatitis, granulomatous mononuclear predominance with several spheroidal corpuscles, compatible with cutaneous Leishmaniasis. Treatment was started with Liposomal Amphotericin B, for 20 days, reaching a cumulative dose of 2 grams, and presenting good evolution with injury healing.

Key message: There is documentation referring the location of the lesions due to cutaneous Leishmaniasis, they are usually located in exposed areas of the body, 70% in extremities. We have been able to observe a case that attracts our attention due to the infrequent location and the recurrence of the disease in the patient as a background. There are few published cases of Leishmaniasis in the genital area, establishing that in most of those cases, lesions are due to direct inoculation of the parasite or possible blood dissemination in these patients, as well as the tropism of Leishmania for the testicle has been demonstrated in experimental studies with *L. braziliensis*.

