TROPICAL DERMATOLOGY

SPOROTRICHOID LEISHMANIASIS A RARE FORM OF CUTANEOUS LEIHSMANIASIS

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Background: Leishmaniasis is a parasitic disease caused by the parasitism of the flagellated protozoa Leishmania in macrophages. It is transmitted by the bite of infected female phlebotomine sand flies. It has multiple clinical manifestations, being cutaneous leishmaniasis the most common form of the disease. Atypical clinical presentations such as sporotrichoid leishmaniasis have been reported, being a diagnostic challenge for the dermatologist.

Observation: A forty-year old Colombian male patient, was seen in the dermatology clinic for a two month history of a non-painful, non-itching, progressively growing crusted plaque with perilesional erythema and edema located in the second toe of the left foot. A few nodules along the lymphatic drainage of the same leg, one of them ulcerated with serohematic secretion, and bilateral inguinal adenopathy were also seen at physical examination. Soft tissue infection was initially suspected and antibiotic therapy with piperacillin/tazobactam and vancomycin was started without improvement, reason why he was referred to our institution. With clinical findings of nodules along the lymphatic drainage, sporotrichosis was suspected as the main possible diagnosis. Sporotrichoid leishmaniasis and atypical mycobacterial infection were also considered among differentials taking into account that he came from an endemic area for leishmaniasis and a past medical history of tattooing in both legs. Skin biopsy and tissue cultures were taken, finding at histopathological examination vacuolated macrophages with multiple amastigotes inside, confirming the clinical diagnosis of leishmaniasis. Intramuscular pentavalent antimonials were given for 20 days with improvement.

Key message: Sporotrichoid leishmaniasis is rare clinical form of cutaneous leishmaniasis, diagnosis may be challenging because it may mimic other infectious diseases that clinically manifest with a sporotrichoid pattern, confounding the physician, delaying diagnosis and giving unnecessary treatments. Skin biopsy and tissue cultures with direct observation of the parasite should be taken to confirm the diagnosis and be able to treat it opportunely.