



TROPICAL DERMATOLOGY

UNUSUAL CLINICAL PICTURES OF OLD WORLD CUTANEOUS LEISHMANIASIS

Ali Momeni⁽¹⁾

Arman Skin Clinic, Dermatology, Isfahan, Iran (Islamic Republic Of)⁽¹⁾

Background: Cutaneous leishmaniasis (CL) is endemic in Iran. In this area the disease is caused mostly by *L. major*. The disease first appears as an erythematous papule that eventually forms an ulcer. The indolent ulcer usually heals within six to eight months, leaving a depressed scar. The disease has a widely variable clinical presentation, that is dependent on various factors, including the immune response of the host, the *Leishmania* species, and inoculation size of the organisms or unknown causes.

Observation: During our 20 years' experience, we have seen many unusual clinical presentation of CL. The disease may appear as a flat plaque that mimics psoriasis or mycosis fungoides, or as subcutaneous nodule that resemble abscesses. It may also manifest as cyst, lupoid type which resembles lupus vulgaris, or as hyperkeratotic like cutaneous horns, and also as multiple satellite papules around the main lesion which occasionally these papules may have a linear distribution and resemble herpes zoster. We have also noticed eczematous lesions in which case the patient usually complains of pruritus. Warty lesions like verruca have also been documented. The lesions may appear as diffuse erythematous patches over the central face and nose that resemble SLE or erysipelas (this clinical picture is mostly seen in middle aged women). Other clinical pictures include multiple subcutaneous nodules, 1-2 cm in diameter resembling sporotrichosis which are arranged in linear fashion extending from the ulcerated lesion and many other unusual presentations.

Key message: cutaneous leishmaniasis skin lesions may mimic many skin lesions and it must be considered in differential diagnosis of many skin lesions in endemic areas.

