



TROPICAL DERMATOLOGY

CUTANEOUS LEISHMANIASIS: CLINICAL PRESENTATION AND MANAGEMENT

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Leishmaniasis is a parasitic disease listed under Neglected Tropical Diseases. It has a varied spectrum of clinical presentation. Cutaneous leishmaniasis (CL) is caused by over 15 species of *Leishmania*, flagellate protozoa, transmitted to human with the bite of female sandfly. Of the 1.5 million new cases, about 90% occur in Algeria, Iran, Iraq, Saudi Arabia (old world) and Brazil and Peru (new world). Post-kala-azar dermal leishmaniasis (PKDL), caused by *L. donovani*, is endemic to Sudan and Indian subcontinent and occurs in about 5-10% patients of visceral leishmaniasis (VL) patients within 5 years of disease onset.

Clinical manifestation depends upon the etiological species and host's immunity. This complex interaction between the agent and host results in subclinical infection, self-healing localized cutaneous leishmaniasis or chronic disease (diffuse cutaneous, mucosal leishmaniasis or leishmaniasis recidivans). There are 3 major clinical forms; cutaneous, muco-cutaneous and visceral type. Cutaneous type is generally an old world disease caused by *L. major* and *L. tropica*. It presents as a nodule or plaque, grouped or disseminated lesions on exposed body parts and tend to resolve spontaneously in few months to year with scarring. MCL is often a complication of new world disease occurring about 1-5 years after localized disease. Lesions involve lip, nose, palate and may extend upto laryngeal cartilage resulting in mutilating lesions. PKDL is the most common manifestation of leishmaniasis in India and develop as a sequel to VL.

The gold standard for diagnosis of CL is by direct demonstration of organism on skin slit smear, FNAC, biopsy or culture of organism on specialized media. Serology (rK39, rK16) and PCR provide rapid corroborative evidence. Treatment depends upon the type and severity of infection. Pentavalent antimonials and miltefosine remains the mainstay of treatment. In the end, I will share few cases of interest from my clinical practice.

