



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

ACTIVE CUTANEOUS LEISHMANIASIS ASSOCIATED WITH INVASIVE SQUAMOUS CELL CARCINOMA COEXISTENT IN THE SAME LESION: A CASE REPORT

Murilo De Oliveira Lima Carapeba⁽¹⁾ - Ana Cristina Mendonça Garcia⁽¹⁾ - Luis Fernando Morgado De Abreu⁽²⁾ - Tatiana Veri Arruda Mattos⁽³⁾ - Adilson Costa⁽²⁾ - Marilda Aparecida M Morgado De Abreu⁽¹⁾

Universidade Do Oeste Paulista, Dermatology, Presidente Prudente, Brazil⁽¹⁾ - Instituto De Assistência Médica Ao Servidor Público Estadual, Health Program Department, Dracena, Brazil⁽²⁾ - Pathological Anatomy And Cytopathology Laboratory, Patology, Presidente Prudente, Brazil⁽³⁾

Background: Cutaneous leishmaniasis is an infectious disease caused by a parasitic protozoan belonging to the genus *Leishmania*. Squamous cell carcinoma (SCC) is the second most common type of malignant neoplasm of the skin, usually caused by chronic solar exposure. Malignant degeneration of chronic healed or unhealed ulcers is an uncommon event called Marjolin's ulcer and mostly refers to SCC. Infectious diseases are one of the causes of chronic wounds and it has been described, although rare, cases of development of SCC on scar tissue of previous cutaneous leishmaniasis, but not in recent and active lesion. We present a case not yet reported in the literature of a cutaneous lesion of SCC and cutaneous leishmaniasis associated and diagnosed at the same time.

Observation: A 72-year-old. man, black, came for his first consultation with a cervical lesion with seven months history, with progressive growth for the last 2 months, associated with local burning sensation. On dermatological examination, an ulcerated nodule with infiltrated and elevated borders with 4.5 x 5.0 cm was found in the posterior cervical region. The differential diagnosis were SCC, BCC, cutaneous metastasis and cutaneous leishmaniasis. A punch biopsy was performed and histopathological examination revealed a moderately differentiated invasive squamous cell carcinoma on the epidermis with an ulcerated area on the surface of the tumor, showing parasitic structures compatible with *Leishmania* sp and focal cell marking for leishmaniasis by immunohistochemistry. After the treatment of the leishmaniasis with liposomal amphotericin, the patient was referred for surgical treatment of the SCC.

Key message: The rarity of the case presented is evident by the lack of publication available, and to our knowledge, none with such short evolution and associated diagnosis. Thus here we should question if the SCC has evolved in a leishmaniasis ulcer or whether





leishmaniasis has developed in a pre-existing SCC.

