TROPICAL DERMATOLOGY

# ATYPICAL PRESENTATION OF CUTANEOUS LEISHMANIASIS AS A FOOT PLANTAR ULCER: A CASE REPORT

*Fernanda De Carvalho Tironi [1] - Gustavo Machado [2] - Sergio Marcus Arruda [3] - Paulo Roberto Lima Machado [4]*

*Escola Bahiana De Medicina, Dermatology, Salvador, Brazil [1] - Escola Bahiana De Medicina, Dermatology, Salvador, Brazil [2] - Fiocruz, Patology, Salvador, Brazil [3] - Universidade Federal Da Bahia, Dermatology, Salvador, Brazil [4]*

Background: American tegumentary leishmaniasis (ATL) is an emerging disease in most affected countries, including Brazil. The main form of ATL, caused by Leishmania braziliensis, produces cutaneous and mucosal lesions. Interaction between genetic polymorphism of parasite, host immune system and environment participate in the pathogenesis of ATL. Usualy initial lesion presents as an ulcer with well defined raised borders on exposed parts of the body, located on site of sandfly vector bite's inoculation (Phlebotomus lutzomia).

Observation: Twenty-one-year-old man attended a reference health center for cutaneous leishmaniasis in Corte de Pedra, Bahia, Brazil. Patient has no chronic health problem and did not report previous history of cutaneous ulcer. He complained of a small papular lesion in axillary region progressing over 35 days. Concomitantly, he presented an ulcer with raised borders in plantar region of his left foot. Fever and myalgia were related during this period. Clinical condition evolved with additional 2 ulcerous lesions in the groin and left buttock 20 days after initial manifestations, associated with reactional lymphadenopathy in the left inguinal region. Physical examination evidenced a typical ulcer of leishmaniasis in plantar region measuring 11x15mm and 3 papulus lesions with exulceration in the axilla, buttock and left groin. Biopsy of plantar lesion with PCR for leishmania brasiliensis was positive and histopathological examination evidenced amastigotes of Leishmania sp. Treated with Glucantime for 30 days with complete wound healing.

Key message: Cutaneous leishmaniasis presents mainly with ulcers in exposed regions, such as lower limbs. Plantar ulcers usually claim attention to other conditions such as diabetes, neuropathy, leprosy or osteomyelitis that should be considered as differential diagnosis. Histopathological evidence of the protozoa in the affected tissue is relevant in this case. In the presented case we describe an atypical location of a typical ulcer of cutaneous leishmaniasis, with few previous descriptions in literature.