

Symmetric Crusted Ulcers Arms

O. Nieto Perea*, Aguado Lobo M, Utrera Busquets M, Calderon Komaromy A and Borbujo Martínez JM

Department of Dermatology, Fuenlabrada Hospital, Madrid, Spain

Clinical Findings

A 36 years old-man no history, which had for a year, two asymptomatic plaques, one in each arm, which appeared spontaneously in the form of papule progressive growth and rapid ulceration (Figure 1). Subsequently, suppuration and recurrent crust remained despite oral treatment and topical antibiotics for months because of the initial suspicion of bacterial infection and later mycobacterial infection. He had no contact with animals, aquariums and not made tropical travel. In the physical examination was observed in the dorsal side of the left arm an erythematoviolaceous large plaque of, 40 mm with thick crusted detach adhered to the left a deep ulcer of purulent background. In the dorsal right arm, symmetrically, noted a similar lesion of 20mm. No adenopathies were palpated, and the patient presented good general condition. Systemic symptoms are absent. In the consultation biopsy and skin culture was performed.

Histopathological Findings

Histopathological examination showed epidermal hyperplasia and chronic dermatitis with granulomatous lymphohistiocytaria presence of numerous microorganisms within the cytoplasm of histiocytes (Figure 2).

Diagnosis

Chronic cutaneous leishmaniasis.



Figure 1: Erythematoviolaceous large plaques with thick crusted.

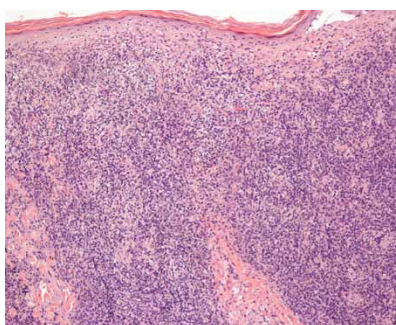


Figure 2: Mixed cell granulomatous inflammatory response in the dermis containing numerous parasitized macrophages, mononuclear cells, eosinophils and lymphocytes.

Discussion

Leishmaniasis are a group of diseases caused by protozoa of the genus *Leishmania*, which parasitize the cells of the reticuloendothelial system. The parasites are transmitted by the bite of female mosquitoes of the genera *Phlebotomus* y *Lutzomy*. The reservoir is usually wild and domestic mammals, although it may be an infection anthroponotic [1]. Currently, Fuenlabrada (south of Madrid, Spain) is an epidemic area where the main reservoir are hares [2], so the initial diagnosis was suspected of cutaneous leishmaniasis, performing biopsy and polymerase chain reaction (PCR) *Leishmania*, which was positive. The parasitological diagnosis consists in the demonstration of the amastigotes (*Leishman-Donovan* bodies) in tissue biopsies or smears of material obtained from the background of the lesion, and of promastigotes in culture. Histopathological study shows an infiltrate inflammatory diffuse into the dermis, with histiocytes, lymphocytes, plasma, eosinophils and sometimes neutrophils, epithelial cells and Langhans multinucleated giant [3]. The PCR is a highly sensitive method for detecting parasites, especially the most evolved forms with few parasites. In our patient was positive. The choice of treatment depends on the size and location of the lesion, number, location of the lesions and the potential for dissemination. Pentavalent antimonials (sodium stibogluconate and meglumine antimoniate) have been used as standard first-line treatment [4]. This therapy is most effective in lesions less than 3 months old and less than 3 cm in diameter. It is used sodium stibogluconate or meglumine antimoniate, injecting on the periphery of the lesion until complete bleaching of the base, leaving a few days to 4 weeks of treatment intervals until clinical resolution. It is an effective treatment for cutaneous leishmaniasis with low cost and few side effects. The patient has been treated with intralesional meglumine antimoniate each week with healing of the lesions and minimal residual scar. As in the 149 patients treated in the last 17 months in the Hospital de Fuenlabrada, was not found in any patient with cutaneous affection, data of visceral involvement [5].

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*Corresponding author: Dr. Olga Nieto Perea, Camino del Molino, 2 28942, Madrid, Spain, Tel: 34916006269; E-mail: onieto@aedv.es

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