

## Leishmaniasis and AIDS coinfection\* Coinfecção leishmaniose e AIDS

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**Abstract:** Cutaneous leishmaniasis and HIV coinfection has been reported in Brazil since the initial description of AIDS in the country. We report an HIV-positive patient under antiretroviral treatment who presented with cutaneous leishmaniasis which was successfully treated with meglumine antimoniate.

**Keywords:** Acquired immunodeficiency syndrome; HIV; Leishmaniasis, cutaneous

**Resumo:** A coinfecção leishmaniose cutânea e HIV tem sido descrita no Brasil desde o início da endemia de Aids no país. É relatado caso de paciente masculino, HIV positivo, em uso de terapia antirretroviral, que apresentou quadro de leishmaniose cutânea, tratada com antimoniato de meglumina.

**Palavras-chave:** HIV; Leishmaniose cutânea; Síndrome de imunodeficiência adquirida

A 33-year-old male HIV-positive patient presented with a three-month history of an asymptomatic lesion on the face. He had been taking biovir and efavirenz for the past six months. His T-CD4+ cell count was 380 cells/mm<sup>3</sup> and viral load was below detection level. The patient lived in Manaus, capital of Amazonas State, but reported hunting on side roads off the interstate highway. Physical examination showed an ulcerated lesion, 4-cm in diameter, with irregular and infiltrated borders, granulous center on the right malar region. Smaller ulcers were also apparent, some with crusting around the central lesion (Figure 1). There were no submandibular, cervical or retro-auricular lymph nodes. Direct examination revealed *Leishmania* amastigotes, which were also revealed on histopathological examination (Figures 2 and 3). The patient was given meglumine antimoniate, 15 mg/kg/day endovenously, for 20 days and after a three-month follow-up, a complete reepitelization of the lesion was seen (Figure 4).



**FIGURE 1:** An ulcerated lesion, about 4 cm in diameter, presenting with infiltrated borders on the left malar region

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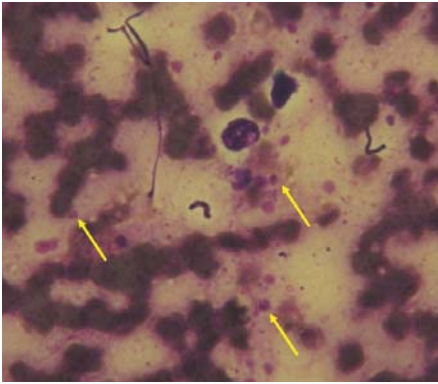
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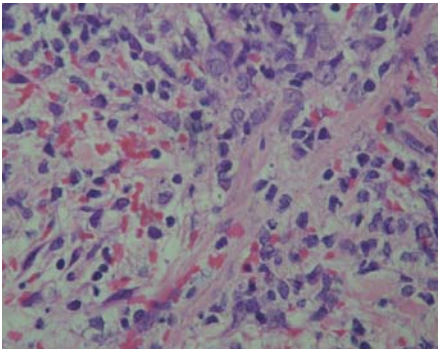
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**FIGURE 2:**  
The arrows show  
Leishmania  
amastigotes



**FIGURE 3:**  
Histopathological examination reveals inflammatory infiltrate consisting of histiocytes and plasmacytes. Leishmania amastigotes were revealed within the histiocytes



**FIGURE 4:**  
Lesion reepithelization  
3 months  
after first  
treatment

Mucocutaneous leishmaniasis and HIV/AIDS coinfection has been reported in Brazil since 1987.<sup>1</sup> Recently, in a study conducted in the Amazon region, 7 of 15 coinfecting patients presented with an atypical clinical picture or therapeutic failure, as has been observed in the rest of the country.<sup>2,3</sup> According to the Brazilian Ministry of Health, any ulcerated or mucosal lesion in patients with HIV/AIDS exposed to leishmaniasis endemic areas should be investigated. Although the treatment of choice for mucocutaneous leishmaniasis and HIV/AIDS is amphotericin B, meglumine antimoniate is also an alternative drug for coinfection, approved by the Brazilian Ministry of Health.<sup>4,5</sup> □

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