

## Images in Infectious Diseases

### Disseminated cutaneous leishmaniasis: A case report

**Bruna Anjos Badaró<sup>[1]</sup> and Lucia Martins Diniz<sup>[1]</sup>**

[1]. Universidade Federal do Espírito Santo, Hospital Universitário Cassiano Antônio Morais, Serviço de Dermatologia, Vitória, ES, Brasil.

This case report concerns a 48-year-old male patient. The patient presented with a papular, erythematous lesion that included ulcerative evolution in the left forearm and asymptomatic acneiform lesions on the left arm, face, and nasal mucosa (**Figure A** and **Figure B**). Histopathological examination revealed squamous epithelium of the follicles permeated by inflammatory cells, predominantly plasma cells. This examination suggested disseminated cutaneous leishmaniasis (DCL). The correlation between clinical and epidemiological data indicated DCL. Laboratory test results, including those for HIV testing, were negative. The patient was treated with pentavalent antimony and was reassessed after a 12-month follow up (**Figure C**).

DCL has a low incidence<sup>1-3</sup>. It is observed in up to 2% of American tegumentary leishmaniasis cases and is predominantly caused by *Leishmania braziliensis*<sup>1</sup>. DCL affects the face, limbs, and trunk<sup>1,2</sup>. The clinical presentation is characterized



**FIGURE B:** Acneiform lesions on the face.



**FIGURE A:** Acneiform lesions on the face and left arm. Presence of lesions with raised edges and surrounded by erythema on the face.



**FIGURE C:** After treatment with pentavalent antimonials. Presence of some atrophic scarring lesions on the face and left arm.

by acneiform eruption, with or without erosion/ulceration<sup>2</sup>. Involvement of the nasal mucosa is present in 53% of the cases<sup>2,3</sup>.

Diagnosis is clinical and epidemiological and can be confirmed in the laboratory. The histopathological examination indicates nodular infiltration of lymphocytes and plasma cells in the dermis, with rare macrophages and parasites<sup>3</sup>.

Direct examination of the lesion may allow observing the parasite, though rarely. The Montenegro test is positive in 83%

**Corresponding author:** Bruna Anjos Badaró.  
**e-mail:** brunaanjosbadaro@hotmail.com  
**Orcid:** 0000-0001-6216-6426  
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of cases, and serology indicates increased anti-*Leishmania* antibodies<sup>1,3</sup>. Molecular markers help track distinct DCL strains<sup>2</sup>.

This form of leishmaniasis should be diagnosed promptly to commence treatment as soon as possible, thus blocking the dissemination of the parasite and avoiding sequelae.

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#### **Conflict of Interest**

The authors declare that there is no conflict of interest.

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