



CUTANEOUS LEISHMANIASIS – CHRONIC NON-SCARRING TYPE, A RARE VARIANT

Usha Kataria^{1*}, Parveen Rana², Sonia Vasisht³, Ish Anand³, Sapna⁴

¹Assistant Professor, Department of Dermatology, ²Assistant Professor, Department of Pathology,
³Senior Resident, Department of Dermatology, ⁴Senior Resident, Department of Pathology,
BPS Govt. Medical College for Women, Khanpur Kalan, Sonapat, Haryana, India.

Corresponding Author:- **Usha Kataria**
E-mail: ushachillar@gmail.com

<p>Article Info <i>Received 15/06/2015</i> <i>Revised 27/06/2015</i> <i>Accepted 12/07/2015</i></p> <p>Key words: Leishmaniasis, Chronic, Ulcer, Cutaneous.</p>	<p>ABSTRACT Cutaneous leishmaniasis is caused by various species of genus Leishmania. Humans are incidental hosts, whereas in nature the infection is a zoonosis. The parasite is transmitted by the bite of the sand fly affecting wild and domestic animals. The clinical spectrum of leishmaniasis encompasses subclinical, localized (skin lesions) and disseminated infection (cutaneous, mucosal or visceral). In the cutaneous form one or more chronic ulcers are usually seen. This tends to occur in semiarid and desert climates. Here it is rare in this climate. So we are reporting this case of chronic non-scarring type of cutaneous leishmaniasis for its rarity.</p>
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INTRODUCTION

Leishmaniasis is widely distributed over North Africa, the Mediterranean belt, the Middle East, Central and South Asia. Children are most commonly affected. In general, all cases of leishmaniasis transmission are by the bite of an infected sand fly. The North Eastern part of India, particularly Rajasthan are prone to cutaneous leishmaniasis [1]. The incubation period varies from a few days to over a year, though lesions have been seen after three years. Exposed parts like the face, neck and arms particularly in children, are vulnerable to sand fly bites. Lesions are usually self-healing passing through the stages of nodule formation, ulceration with crusting and healing with scar formation. [2]

CASE REPORT

A sixty five years old female patient presented to our skin department with reddish brown papules and plaque over the left thigh of three to four years durations.

There was history of scar formation and new lesions appeared at the margins of old scarred lesions. No history of skin lesions over the exposed parts. No history

of any systemic illness. Patient was from rural background and livestock also shared the same premises. General and systemic examinations were normal. On dermatological examination there were two plaques over the left thigh. It appeared as one main lesion and other satellite lesion in the vicinity of main plaque (Figure-1).

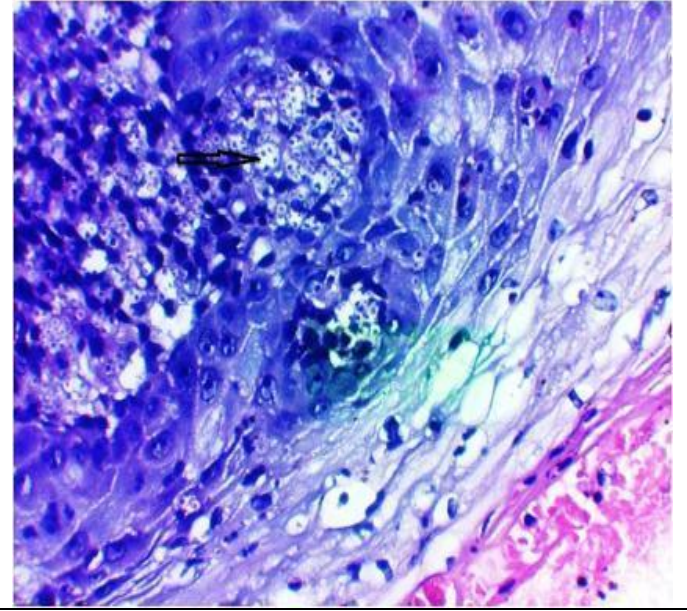
The main plaque showing central atrophy with papules lesion at the margins and the satellite lesion appeared as plaque of 1x1.5cm in size. Lesions were compressible and non tender. Patient was clinically diagnosed as lupus vulgaris because of presence of apple jelly nodules. Skin biopsy was taken from the margin of the lesion and sent for histo-pathological examination. Epidermis showed mild spongiosis and a cluster of leishman-donovan bodies. Dermis showed dense diffuse inflammatory infiltrate composed of lymphocytes, plasma cells along with epithelioid cell and langhans giant cells. Dermo-epidermal junction showed large number of intracellular leishman-donovan bodies (Figure-2). Clinical history and histological features were consistent with cutaneous leishmaniasis with chronic non-healing type.



Figure 1. Erythematous plaque shows nodules and scarring and small satellite lesion in the vicinity of main plaque.



Figure 2. H&E stained section of cutaneous leishmaniasis with arrow showing leishman-donovan bodies (40x)



DISCUSSION

There are three types of the old world cutaneous leishmaniasis caused by the following:

- **L. tropica minor**- causing urban or anthroponotic cutaneous leishmaniasis.
- **L. tropica major**- causing rural or zoonotic cutaneous leishmaniasis and
- **L. aethiopica**- causing diffuse cutaneous leishmaniasis [3]

Rodents are the main reservoir in the second type whereas hyrax is the reservoir in third type. Sand fly (phlebotomus) is the vector. The clinical form taken by infection depends on the response of the host cell mediated immunity [4] Visceral infection due to leishmania tropica has also been reported but we did not observe this phenomenon in our patient [5,6].

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The leg lesion of this patient had clinical similarity with that of lupus vulgaris but the histopathology suggested cutaneous leishmaniasis.

The various therapeutic modalities used for the treatment of cutaneous leishmaniasis include physical agents, chemotherapy and surgery. Pentavalent antimonials (sodium stibogluconate and N- Methylglucamine antimonite) are the drug of choice. Rifampicin alone and in combination with isoniazid and sodium stibogluconate has been tried by various workers with varying results [7-9].

CONCLUSION

This is to conclude that cutaneous/ lupoid leishmaniasis is a rare variant that too reported on covered part and in elderly people.