A CASE of a CELLULITIS-LIKE CUTANEOUS FACIAL LEISHMANIASIS

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Introduction: Cutaneous leishmaniasis is a parasitic infection that affects people in the world-wide and its incidence is likely to increase. It is caused by a group of protozoan parasites belonging to the genus leishmania. Old world cutaneous leishmaniasis which is primarily caused by Leishmania tropica and Leishmania major is commonly seen in our country (1). Here we report a case of cutaneous leishmaniasis presenting with cellulitis like lesions.

Case: A 58 year-old woman admitted to our clinic with erythematous, edematous, indurated lesions on her face and chin. According to patient’s history, the initial lesions appeared at the root of the nose and chin as painless acneiform papules. The papules slowly coalesced and formed erythematous hard infiltrated plaques. The patient had been previously diagnosed as cellulitis but did not respond to prior numerous local and systemic antibiotic therapy. She had no history of insect bite and trauma. Dermatological examination revealed erythematous, edematous, indurated plaque beginning from her root of the nose and extending to her right eye lid, right side of the face and also erythematous plaque on left side of the chin (Figure 1). Considering the history, failure of response to antibiotic therapy, she was clinically suspected as a case of cutaneous leishmaniasis. The Giemsa smear revealed amastigotes belonging to leishmania (Figure 2). Also amastigotes were identified in histiocytes in biopsy specimen from the lesion. According to the history, biopsy and Giemsa smear, the patient was diagnosed as cutaneous leishmaniasis. The laboratory findings of the patient in admition were normal. The patient hospitalized and the treatment started initially with systemic sodium stibogluconate in a dose of 15mg/kg/day. At the 10 th days of the treatment, liver function tests and amilase levels elevated and the count of the white blood cells decreased. So the systemic treatment stopped. After a month of the dischargement, the laboratory findings backed to normal and meglumine antinmonate treatment was applied to the patient intralesionally for 20 days, with complete resolution of the cellulitis like lesion on the face.
Discussion and conclusion: The clinical spectrum of cutaneous leishmaniasis is so broad. It can represent a diagnostic difficulty for physicians when the disease occurs in a nonendemic area where experience is limited. Depending on subspecies of the Leishmania, immune response of the host and age, it may represent quite different and atypical cutaneous manifestations which elude diagnosis in the first instance. The occurrence of bizarre clinical presentations of the cutaneous leishmaniasis often leads to misdiagnosis and inappropriate treatment causing significant morbidity (1,2,3). The manifestation of cutaneous leishmaniasis with the clinical features of facial cellulitis has been rarely documented in the published work (1,4,5,6).

This case illustrates one of the unusual forms of localized cutaneous leishmaniasis and serves as a reminder to consider facial cutaneous leishmaniasis when presented with prolonged facial cellulitis like eruption unresponsive to antibiotherapy. Cutaneous leishmaniasis should be kept in mind in patients presenting with cellulitis like lesions which do not respond to long term antibiotherapy.

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