

Erysipeloid Presentation of Cutaneous Leishmaniasis of the Scalp

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Case Presentation

A 39-year-old man from the area of Tinghir in Morocco, was referred to the Dermatology consultation with a 6-month history of mild itchy skin lesions of the forehead. The physical examination showed an extensive erythematous infiltrated plaque of the forehead and the fronto-temporal area. Dermoscopy revealed perifollicular scales, yellow dots, follicular keratotic plugs, and branching vessels on an erythematous orange background (Figure 1). After a negative slit-skin smear, which was performed because of the high frequency of leishmaniasis in that endemic area of Morocco, and because of the suggestive dermoscopic appearance especially the yellow dots and plugs on an orange-erythematous background. Skin biopsy showed diffuse tuberculoid granulomatous infiltrate without caseous or fibrinoid necrosis, with the presence of Leishman bodies (Figure 1), which confirmed the diagnosis of granulomatous cutaneous leishmaniasis.

The identification of parasite species by PCR was not performed. Meglumine antimoniate was out of stock at that period, so, we prescribed doxycycline and aureomycine ointment for 12 weeks, with a significant amelioration, then the patient received intramuscular injection of glucantime for 20 days because of the persistence of a slight erythema, a complete remission was then achieved.

Teaching Points

Cutaneous leishmaniasis (CL) can have atypical clinical presentations with sometimes a negative slit-skin smear, especially in chronic granulomatous presentations, however, CL could be highly suspected on dermoscopy. Follicular keratotic plugs, generalized erythema with vascular structures are the most common dermoscopic features [1]. The diagnosis confirmation relies on the skin smear or histopathology findings [2].

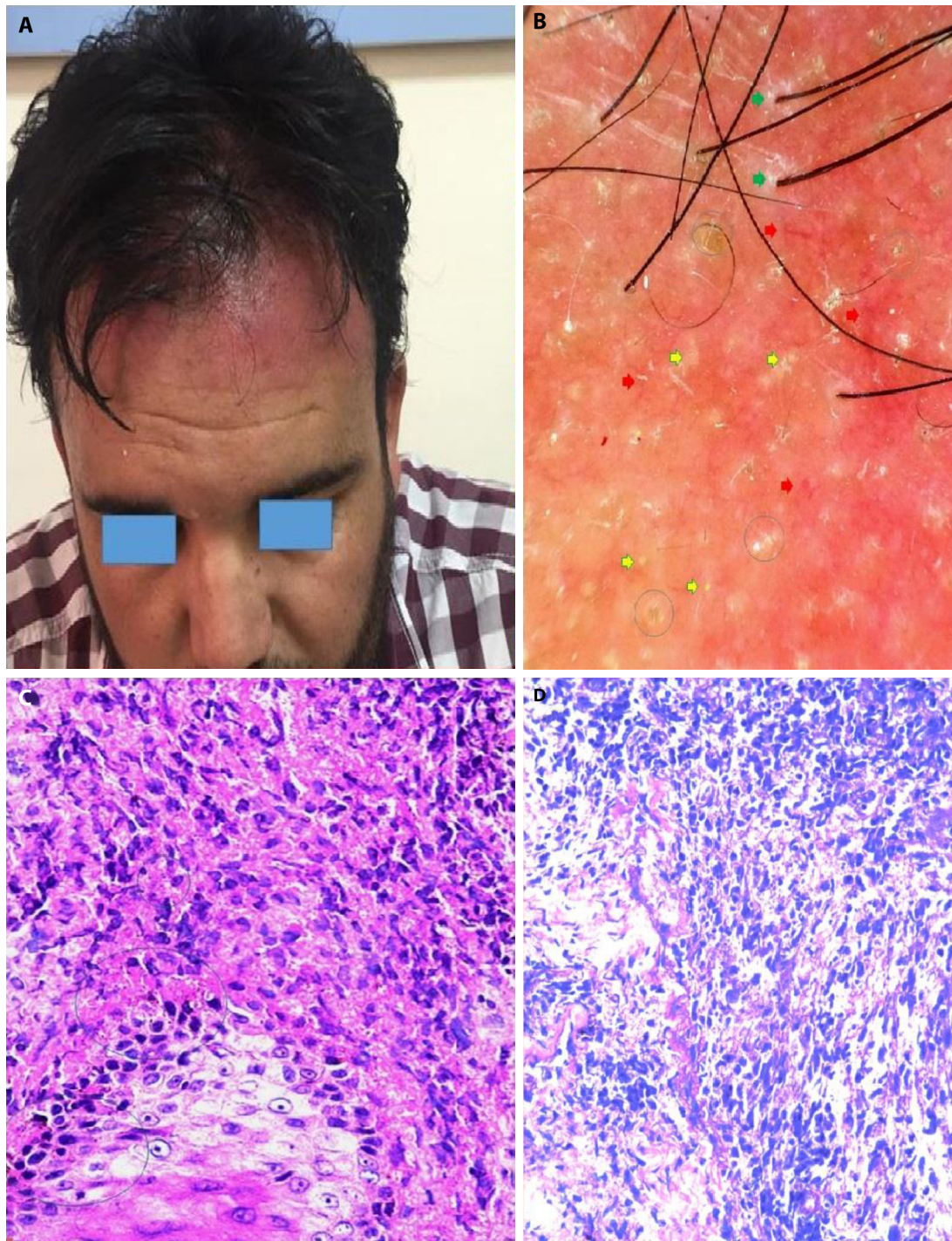


Figure 1. (A) Cutaneous leishmaniasis. Extensive erythematous infiltrated plaque of the forehead and the fronto-temporal area. (B) Dermoscopy revealed perifollicular whitish scales and erythema (green arrow), yellow dots (yellow arrows), follicular keratotic plugs (gray circle), and branching vessels (red arrow) on an erythematous orange background. Histopathology (C, H&E) and Giemsa Stain (D): diffuse tuberculoid granulomatous infiltrate without caseous or fibrinoid necrosis, with the presence of Leishman bodies. Magnification x 400.

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