

Exceptional Variant of Cutaneous Leishmaniasis: Psoriasiform Presentation

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ABSTRACT

We report the case of a 42-years-old Tunisian man, active military, with no medical history, how was admitted to our department for psoriasiform rash on the extension face of the right leg which was not improved by the application of topical corticosteroids prescribed by a city doctor. The examination noted, in addition to the psoriasiform rash of the right leg, a small ulcero-crusted and nodular lesion in the center of the rash. Central lesion smears confirmed the diagnosis of cutaneous leishmaniasis. The evolution was rapidly favorable after intralesional meglumine antimoniate injections.

Key words: Atypical presentation, cutaneous leishmaniasis, leishmaniasis, psoriasiform leishmaniasis, psoriasis-like

INTRODUCTION

Psoriasiform variant is one of the so-called “atypical” or “unusual” clinical presentation of cutaneous leishmaniasis.^[1] This presentation is exceptional and only anecdotally reported in the world medical literature.^[1,2] Indeed, no case of this variant was noted in Raja *et al.* series of 1709 patients with cutaneous leishmaniasis,^[3] and only two were reported by Bari *et al.* in their series of 718 cases of cutaneous leishmaniasis with 41 cases of unusual variants (0.27% of all cutaneous leishmaniasis and 4.9% of atypical forms).^[2]

CASE REPORT

A 42-years-old Tunisian man, active military, with no pathological medical history, was admitted to our department for psoriasiform rash on the extension face of the right leg which was not improved by the application of topical corticosteroids prescribed by a city doctor during a month. It was referred to us with the diagnosis of local treatment-resistant psoriasis.

The somatic examination noted, in addition to the psoriasiform rash of the right leg [Figure 1], a small ulcero-crusted,

and nodular lesion in the center of the rash [Figure 2]. No lesions of psoriasis were noted, neither on the other articular extension surfaces, nor on the scalp, nor on the retroauricular. Similarly, no signs of specific extra-cutaneous involvement of psoriasis were noted. Basic biological examinations revealed no significant anomalies.

In front of the notion of recent assignment in the endemic zone for cutaneous leishmaniasis, temporal concordance, the circumscribed character of the psoriasiform rash, the non-improvement under local steroids, and the association with the nodular and ulcero-crusted lesion, the diagnosis of atypical cutaneous leishmaniasis was evoked.

Microscopic examination of stained tissue-scraping smears from the central lesion revealed the presence of leishmania amastigotes, confirming the diagnosis of psoriasiform cutaneous leishmaniasis.

The patient was treated with intralesional meglumine antimoniate for 10 days with rapid and complete recovery: Disappearance of the psoriasiform rash at the 2nd week and complete healing of the ulcerated lesion after 1 month. No recurrence has been noted for 5 years.

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Figure 1: Psoriasiform rash on the extension face of the right leg



Figure 2: Nodularulcero-crusted lesion in the center of the psoriasiform rash

DISCUSSION

This variant of atypical clinical presentation of cutaneous leishmaniasis seems to be particularly frequent in immunocompromised patients; indeed, two cases have been reported in subjects with acquired immunodeficiency syndrome.^[4,5] One of these two patients had a generalized psoriasiform dermal lesion.^[5]

In Tunisia, this clinical presentation is extremely rare; only one case was reported by Remadi *et al.* in their series of 166 patients with cutaneous leishmaniasis,^[6] and no cases were found in the series of Masmoudi *et al.* of 102 patients followed for cutaneous leishmaniasis.^[7]

Our observation is characterized by its occurrence in an immunocompetent young patient.

CONCLUSION

This exceptional clinical presentation of cutaneous leishmaniasis deserves to be known by all health-care providers and discussed in front of any psoriasis-like rash in endemic areas for this parasitosis that does not respond to the appropriate anti-psoriasis treatment.

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