

LIP LEISHMANIASIS

S Criton, P K Sridevi, P U Asokan

A case of leishmaniasis of lip without any involvement of other parts of the body in a 36 year-old-male is described.

Key Words : Leishmaniasis, LD bodies

Introduction

Leishmaniasis is a parasitic disease caused by different species of *Leishmania* and is transmitted by sand fly bites. In India, cutaneous leishmaniasis occurs mostly in North-Western region. In 1990 an indigenous case of cutaneous leishmaniasis had been described from Kerala.¹ A few case of leishmaniasis of lip have been described by Khaled El-Hoshy² and Asvesti et al.³ The description of a case of leishmaniasis solely involving the lip from India is for the first time.

Case Report

A 36-year-old carpenter presented with a history of ulceration of lower lip for 2 years (Fig. 1). Earlier he was diagnosed as having Hansen's Disease Type I reaction and treated accordingly.

Examination showed a moderately built man with swelling of the lower lip. There was ulceration involving the whole of mucosal surface of lower and upper lips extending to the mucocutaneous junction. The floor was covered with granulation tissue. Some areas showed crusting. The lower lip was indurated. The angles of mouth were spared. There was regional lymphadenopathy. The lymph nodes were nontender, mobile, soft and discrete. No other lymph node groups were enlarged.

From the Department of Dermatology and Venereology, Medical college Hospital, M G Kavu, Thrissur - 680596, India.

Address correspondence to : Dr S Criton



Fig. 1. Swollen lip with erosions and crusting.

No evidence of cutaneous leishmaniasis was seen anywhere else. Systemic examination revealed no abnormality.

Complete haemogram and urinalysis were within normal limits. Skiagram of chest was normal. Mantoux test was within normal limits. Tissue smears showed Leishman-Donovan (LD) bodies and histopathological examination showed granulomas with multinucleated giant cells. (Fig. 2). Some areas showed histiocytes with LD bodies.

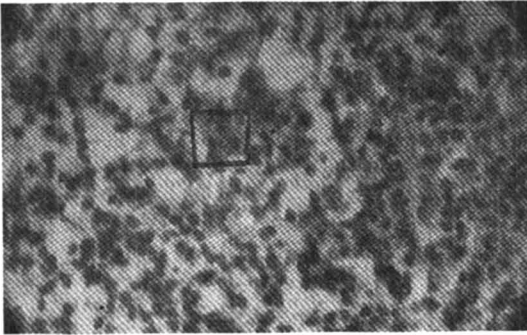


Fig. 2. Photomicrograph showing intracellular LD bodies (H&E 10x40).

The patient was treated with sodium antimony gluconate injection intramuscularly 200mg/d for 20 days. Patient responded very well (Fig. 3).

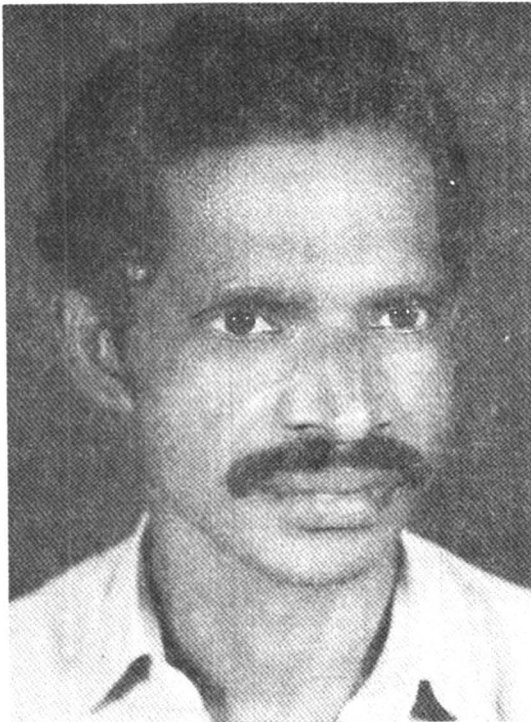


Fig. 3. After treatment

Discussion

Lip swelling is seldom mentioned as a presentation of cutaneous Leishmaniasis. The initial cutaneous lesions are small papules that may develop into nodules that either ulcerate or become verrucous and/or nodular plaques. Most primary cases heal spontaneously⁴ The lesions in the mucocutaneous stage ranged from simple oedema of lips and nose to perforation of cartilage of the nose and larynx.⁴ The reasons of only selected patients having mucosal lesions remain unknown. But it may be associated with defective macrophage function, macrophage resistant strains of *Leishmania* and decreased production of lymphokines, especially interferon. Other factors that may influence that development of lesions in mucocutaneous leishmaniasis include increased delayed hypersensitivity, duration and size of the lesion in primary phase, association of tuberculosis and diabetes.⁴ In the present case there is no evidence or history of cutaneous leishmaniasis. There is no evidence of diabetes or tuberculosis. The lesion started and remained confined to the lip and hence the rarity.

References

1. Mohammed K, Narayani K, Aravinda K. Indigenous cutaneous leishmaniasis. *Ind J Dermatol Venereol Leprol* 1990; 56: 228-9.
2. Khaled El. Hoshy Lip leishmaniasis. *J Am Acad Dermatol* 1993; 28: 661-2.
3. Asvesti C, Anastassiadis G, Kolokotronis A, Zographakis I. *Leishmania tropica* of lip. *Oral Surg, Oral Med, Orla Pathol*, 1992; 73: 56-8.
4. Sanguenzaops, Sanguenza JM, Stiller MJ, Pastro Sanguenza P, La Paz. Mucocutaneous leishmaniasis : A clinocopathologic classification. *J Am Acad Dermatol* 1993; 28 : 97.