

TWO CASES OF CUTANEOUS LEISHMANIASIS SEEN IN TRIVANDRUM

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Two cases of cutaneous leishmaniasis in Trivandrum acquired the infection while residing in Saudi Arabia. One patient responded to trivalent antimony (Fantorin) and the other to dapsone.

Key words : Cutaneous leishmaniasis.

There is no satisfactory simple treatment for cutaneous leishmaniasis. The best of a bad bunch remains pentavalent antimony (sodium stibogluconate, Pentosan) which is virtually non-toxic and is given by intramuscular or intravenous injection.^{1,2} Trivalent antimony (Fantorin) injection is also effective but much more toxic.³ Metronidazole and rifampicin have produced variable results.⁴⁻⁶ Combination of rifampicin and INH was found to be more effective by some authors.^{5,7} Recently dapsone and ketoconazole have been claimed to be effective.^{8,9} Though cutaneous leishmaniasis is prevalent in south west Asia and in the countries bordering the Mediterranean sea,¹⁰ we seldom see such cases in Trivandrum.

Case Reports

Case 1

A 28-year-old male, while working at Saudi Arabia (Riyad) developed multiple papules and plaques with crusting distributed on the face, extremities and trunk, during the last 3 months. There were no oral or genital lesions. There was no significant lymphadenopathy or hepato-splenomegaly. Two months back he returned to his native place, since then he did not develop any fresh lesion.

Slit-smear examination from the lesion revealed plenty of extracellular and intracellular leishman-donovan (LD) bodies. Biopsy of the lesion revealed granulomatous foci in the upper dermis composed of epithelioid cells, lymphocytes and macrophages. In some macrophages round or oval basophilic intracytoplasmic bodies were seen. He was treated with intramuscular injections of trivalent antimony 2 ml daily for 2 weeks. This drug was stopped since the patient developed giddiness after the 14th injection. But after one month all lesions regressed leaving residual scars.

Case 2

A 32-year-old male, developed multiple skin lesions on the body while he was at Saudi Arabia, 7 months back. It started as a papule on the right upper arm, increasing in size with ulceration and central crusting. Later, he noticed appearance of similar lesions elsewhere on the body. He had been treated with pentavalent antimony injections (total 90 ml), rifampicin 600 mg daily for 30 days and ketoconazole 200 mg daily for 21 days without much response. Some lesions regressed following cryotherapy with liquid nitrogen. But fresh lesions appeared again. So he left Saudi Arabia and returned home. Dermatological examination revealed a large erythematous plaque, 5 × 6 cm with a crust on the right upper arm surrounded by multiple satellite lesions. Slit-smear and biopsy of the lesion confirmed the diagnosis of cutaneous leishmaniasis. He was treated with dapsone

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100 mg daily for one month. Most of the lesions started regressing after 2 weeks of therapy with dapsone.

Comments

Spontaneous recovery may occur if the patient is able to mount a threshold level of cell mediated immunity, but this is a gradual process and usually requires months to years and leaves much scarring.^{1,3} Infra red heat and cryotherapy were found to be effective without noticeable scarring and recurrence.^{11,12} But in our case 2, although the lesions regressed following cryotherapy with scarring, recurrence was seen at other sites. Treatment with ketoconazole and pentavalent antimony was also ineffective, but treatment with dapsone was effective in this case as also reported by Dogra et al.⁸

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