



Internal Medicine Flashcard

Granulomatous lesions of the skin: Do not fall into the trap

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1. Case

A 51-year-old woman was referred to investigate skin lesions present on her backside.

She had no past medical history and was not taking medication. She travelled several times to China (last time in 2009) and Brazil (2015).

She complained of purple papules on her backside since 6 months (Fig. 1A–B). A biopsy made in another hospital, three months earlier, showed non-necrotizing granulomatous lesions (Fig. 1C). Besides the cutaneous lesions, our patient had no other symptoms and her clinical exam was strictly normal. Lab results were also strictly normal. She was referred to our hospital for a suspicion of cutaneous sarcoidosis. The lesions did not change of aspect the past several months, were unpainful and not itchy.

What is the diagnosis?

2. Diagnosis

A 18F FDG PET/CT was normal and allowed us to exclude systemic sarcoidosis. Histology revealed two non-necrotizing granulomatous dermatitis of the papillary dermis (Fig. 1–C). PCR Leishmania made on the skin biopsy was positive for Leishmania Infantum and the diagnosis of cutaneous Leishmaniasis was retained.

3. Discussion

In our European regions, non-necrotizing granulomatous lesions of the skin are usually due to sarcoidosis. However, Leishmaniasis should be suspected in cases with history of traveling to endemic regions of Leishmaniasis.

Leishmaniasis is a poverty-related disease with two clinical forms: visceral leishmaniasis (VL) and cutaneous leishmaniasis (CL). 0.7–1 million new cases per year are reported from 100 endemic countries [1].

L. Infantum can give visceral and cutaneous disease. Typically, L. Infantum causes a small number of slow-growing nodular lesions that can persist for years with minimal inflammation as in our case. It often appears in children under the age of 5 years old or in immunocompromised patients, in China, Brazil, South and Central America and Southern Europe [1].

The diagnosis is classically through microscopic observation of the amastigote parasite stage, known as Leishman-Donovan (LD) bodies, in tissues. However, histopathological analysis may fail to detect amastigotes, especially when granulomas predominate [2]. Even after relecture, these bodies were not found in our patient. Serological essays are also available but polymerase chain reaction (PCR) assay is the most sensitive test used for the diagnosis [3].

Treatment of CL depends on multiple factors (number of lesions, size, risk of mucosal involvement, no spontaneous healing, risk of poor cosmetic outcome or visceral damage) [3]. Since the lesions of our patient did not heal spontaneously but were of small size, she was treated by cryotherapy.

Conflicts of interests and funding

None.

Informed consent

Patient consent has been obtained.

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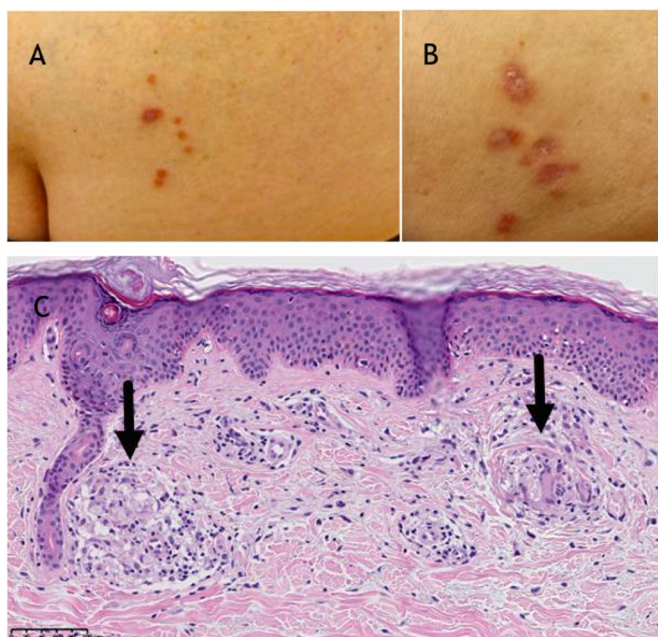


Fig. 1. Clinical (A-B) and histopathological (C) aspect of skin lesions.

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