

## Case Report

# A case of mucocutaneous leishmaniasis from Interior Sindh

Tahir Shehzad, Asim Abbas\*

Department of Dermatology, Combined Military Hospital, Hyderabad

\*Department of ENT, Combined Military Hospital, Hyderabad

**Abstract** A case of mucocutaneous leishmaniasis of a 10 year-old-boy from Chachro district of interior Sindh is presented here who presented with a nonhealing mucocutaneous ulcer of 3 years duration.

**Key words**

Mucocutaneous leishmaniasis, New World, Old World

### Introduction

Leishmaniases are a group of diseases caused by several species of the genus *Leishmania*. Each species tends to occupy a particular zoogeographical zone and disease is endemic in 88 countries. The species are morphologically identical, and are distinguished by isoenzyme pattern and DNA analysis. Clinical patterns are poor indicators of species, although certain disease characteristics may be commonly associated with a particular species.<sup>1</sup> Cutaneous leishmaniasis in Old World is due to *L. major*, *L. tropica*, *L. aethiopica* and *L. donovani infantum*. In New World it is due to *L. chagasi*, *L. mexicana mexicana*, *L. brasiliensis brasiliensis*, *L. peruviana* etc.<sup>2</sup>

Cutaneous leishmaniasis is endemic in Pakistan particularly in Baluchistan, NWFP, Azad Kashmir and a few districts of Interior Sindh<sup>3</sup>.

We report a case of 10-year-old boy who

presented with mucocutaneous leishmaniasis.



**Figure 1** Ulceration with raised edge over the nose extending up to upper lip, eroding the nasal mucosa with destruction of nasal septum.



**Figure 2** A close up of the affected area as shown in Figure 1.

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**Address for correspondence**

Dr. Tahir Shehzad

Consultant Dermatologist

Combined Military Hospital,

Hyderabad, Sindh

Email: tahir\_shehzad@yahoo.com

## Case report

A 10-year-old boy presented in ENT department of CMH, Hyderabad with a nonhealing lesion over the nose of 3 years duration. It started as a small painless erosion which gradually increased in size despite treatment with broad spectrum antibiotics. There was no history of similar condition in the area. Examination revealed an ill-defined ulcer with raised edge over the nose extending up to upper lip, eroding the nasal mucosa with destruction of nasal septum (Figures 1 and 2)

Biopsy revealed fragments of fibrocollagenous tissue with areas of caseation necrosis, and epithelioid granulomas with Langhan type multinucleated giant cells. A few Leishman-Donovan (LD) bodies were also seen. Species identification with isoenzyme pattern and DNA analysis was not done.

## Discussion

Mucocutaneous leishmaniasis due to *L. brasiliensis* in South America develops usually within 2 years of the appearance of skin lesion.<sup>4</sup> The nasal mucosa is almost always affected. The usual lesion is a nodule on the inferior turbinate or septum, which causes stuffiness and obstruction. The destructive pathology perforates the septum and over years may destroy the nose, palate and lips, which may become gross and protuberant, or scarred and constricted, causing difficulties in speech and eating. Death may supervene from secondary

infection, starvation or laryngeal obstruction. Spontaneous healing is virtually unknown.

Mucocutaneous leishmaniasis is considered to be a disease of the New World but it has rarely been reported from our part of the world as well. A 2-year-old child reported from an endemic area of cutaneous leishmaniasis (Baluchistan) in 2004, with clinically suggestive lesions of leishmaniasis over cutaneous as well as mucosal surfaces of the lip and nose. Diagnosis was confirmed on slit skin smear preparation and he was treated with intramuscular injection of meglumine antimonite<sup>5</sup>. All these cases could be sandfly bites on the mucosal border of the nose, a primary MCL not South American MCL.<sup>6</sup>

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