Cutaneous Leishmaniasis: The Grand Masquerade

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Cutaneous leishmaniasis is the most common form of leishmaniasis, caused by the protozoan parasite Leishmania, and it is transmitted by the bite of the infected sand fly. Leishmaniasis is a major public health problem in Bangladesh, Nepal, and India, in particular the state of Bihar, and it is targeted for elimination by 2015. The nose is one of the usual sites of presentation.

Case
A 50-year-old male resident of Bihar presented with an ulcerative lesion on the nose, progressively increasing in size for 4 years, with no significant history of past systemic illness. On examination, an ulcerative lesion was seen with destruction of the tip, left ala, and part of the dorsum of the nose (Figure 1). The ulcer margin was erythematous with adherent crusts. Diagnostic nasal endoscopy revealed a congested nasal mucosa, with a midline septum and no other remarkable abnormality.

Differential Diagnosis
At first impression, a provisional diagnosis of squamous or basal cell carcinoma was made, keeping lupus vulgaris, cutaneous leishmaniasis, sarcoidosis, and Wegener’s granulomatosis as the differentials. Histopathologic examination revealed a dense infiltrate composed predominantly of macrophages with an admixture of polymorphs, histiocytes, and plasma cells. There was no evidence of vasculitis or neoplasia, ruling out Wegener’s granulomatosis and carcinoma, respectively. No granulomas or acid fast bacilli were identified, ruling out sarcoidosis and lupus vulgaris. Flagellated amastigote parasites were identified in most macrophages.

Discussion
Cutaneous leishmaniasis may present as psoriaform plaques, furunculoid nodules, lupoid plaques, and erysipeloid or mucocutaneous types. On the other hand, a destructive, ulcerative lesion, especially in the region of the nasal alae, usually raises concern for malignancy.

Figure 1. A destructive ulcerative lesion involving the left ala, tip, and dorsum of the nose with erythema and crusting at the ulcer margin.

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This case exemplifies the importance of looking beyond the obvious and keeping in mind a differential based on other pointers in the patient’s clinical workup, particularly their place of residence. Such an attitude may result in an earlier diagnosis, better management, and, ultimately, successful elimination of this tropical disease.

This clinical photograph has been reviewed and given approval by exemption by the Institutional Ethics Committee.

**Author Contributions**

Eishaan Kamta Bhargava, conception of work, drafting the work, final approval, accountability for intellectual content; Kanika Rana, conception of work, revising it critically, final approval, accountability for intellectual content.

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**References**
