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Images in medicine

Atypical cutaneous leishmaniasis in a patient under anti-TNF-α therapy

Leishmaniasis Cutánea Atípica en un paciente en Tratamiento con anti-TNF-α

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A man in his 50s with a history of Crohn's disease treated with adalimumab presented with a painless, inflamed, erythematous skin lesion on the left helix of several months' duration (Fig. 1A–B). It did not improve after 3 months of treatment with topical mupirocin and oral clarithromycin, so a full workup was performed, observing 2 additional lesions on the right wrist (Fig. 1C) and left leg (Fig. 1D). He had no systemic symptoms. A biopsy revealed pseudoepitheliomatous hyperplasia (lymphocytes, plasma cells, histiocytes, and squamous cells with moderate to severe pleomorphism), which was compatible with both squamous cell carcinoma in situ and cutaneous leishmaniasis. However, treatment with a TNF-α blocking agent, the presence of multiple lesions and a positive polymerase chain reaction confirmed Leishmania. Oral amphotericin B was administered, with a complete response after 2 months of treatment.

Leishmaniasis is a parasitic disease usually transmitted by the bite of sand flies. Our patient was treated with adalimumab, which probably contributed to an aggressive presentation mimicking cutaneous squamous cell carcinoma. Awareness of the possibility of leishmaniasis, sometimes atypical and extensive, in patients undergoing anti-TNF-α therapy is essential for all clinicians to avoid iatrogenesis and to proceed correctly with diagnosis and treatment.

Authorship

All authors had access to the data and played a role in writing this manuscript.

Author contributions

- Miguel Saro Buendía and Miguel Mansilla-Polo managed clinical treatment and procedures, contributing to the initial development of this paper.
- Inés Tortajada Torralba performed the writing of the manuscript.
- Miguel Armengot Carceller supervised the work.

Declarations

This article has no funding source.
Oral and written consent was obtained to publish this image.

Ethics

Procedures followed here were in accordance with the ethical standards of the responsible committee on human experimentation and with the Helsinki Declaration of 1975, as revised in 1983. We have not use patients' names, initials, or hospital numbers.

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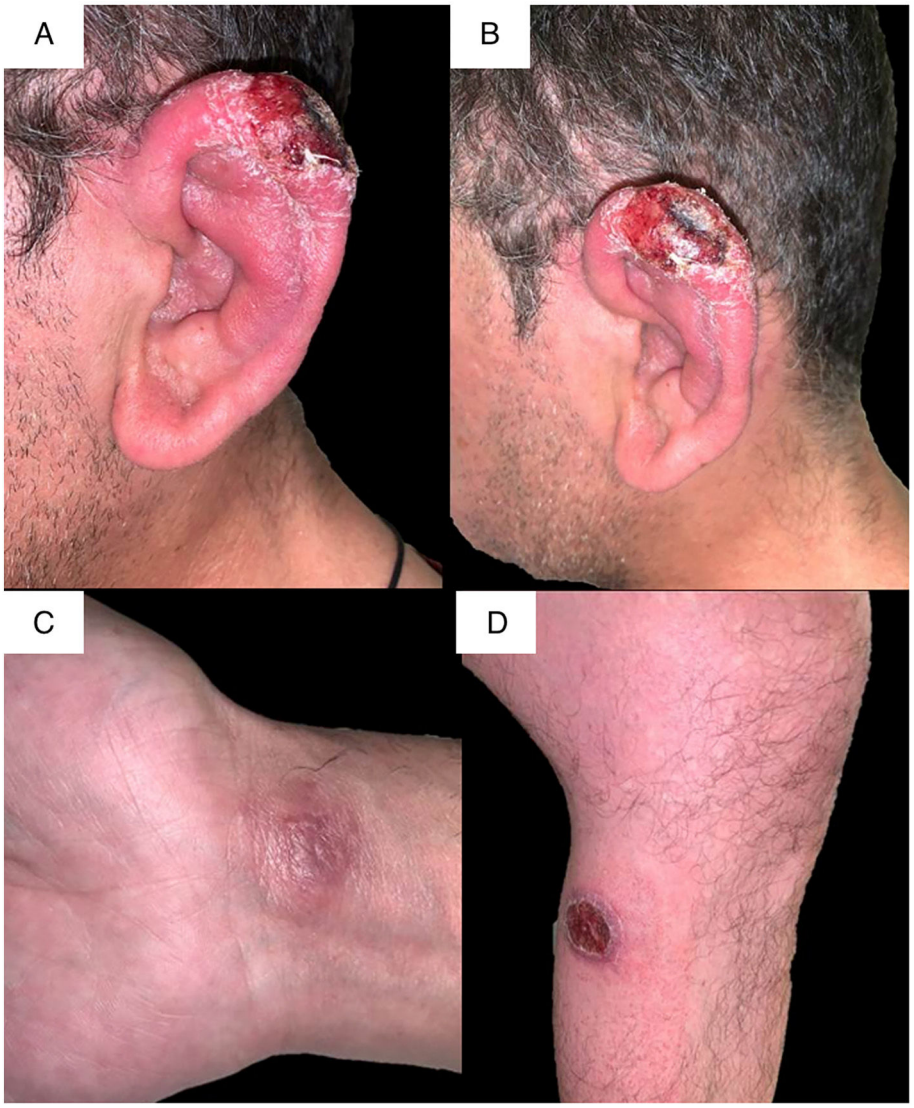

Fig. 1. Lesions at diagnosis. A–B. Erythematous oedematous plaque (2 × 1.5 cm) on the left helix, associated with erythema and oedema of the pinna, without lobular involvement. C. Erythematous violaceous plaque (1.2 × 0.8 cm) on the right wrist (volar surface). D. Erythematous scaly plaque (2.1 × 1.8 cm) on the posterior aspect of the left leg with well-defined margins, keratotic centre, and peripheral violaceous halo.

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Declaration of competing interest

The authors have declared no conflicts of interest.