

Cutaneous leishmaniasis

Leishmaniasis cutánea

María G. Moreno Treviño^{a,d}, Julio C. Salas-Alanis^b, Mauricio Salas-Garza^c, Raúl Rubio-Moreno^c, David I. Loera-Menchaca^a, Gerardo Rivera-Silva^{a,*}

^a Academic Department and Cardiovascular Tissue Bank, Faculty of Medicine, University of Monterrey, Monterrey, NL, Mexico

^b Preparatoria No 15, Autonomous University of Nuevo León, Monterrey, NL, Mexico

^c Debra Foundation Mexico, Monterrey, NL, Mexico

^d Universidad Autónoma de Coahuila, Centro de Estudios e Investigaciones Interdisciplinarios, Saltillo, Coahuila, Mexico

A 22-year-old female Venezuelan immigrant presented to our dermatology clinic with a painful, non-healing ulcer on her left forearm that had persisted for 12 months. She had previously received multiple topical and systemic treatments without clinical improvement. Physical examination revealed a well-circumscribed ulcerative lesion with erythematous and indurated borders, and a necrotic-purulent base (Fig. 1A and B). Laboratory investigations demonstrated the presence of anti-*Leishmania* antibodies, and polymerase chain reaction (PCR) analysis of the tissue sample confirmed *Leishmania infantum* DNA. Histopathological examination revealed epidermal ulceration with dermal edema and a compact, nodular granulomatous infiltrate composed of multinucleated giant cells, histiocytes, and lymphocytes. Based on these findings, a diagnosis of cutaneous leishmaniasis was established. The patient was treated with intralesional sodium stibogluconate in combination with CO₂ laser therapy, resulting in progressive healing and a favorable clinical outcome.

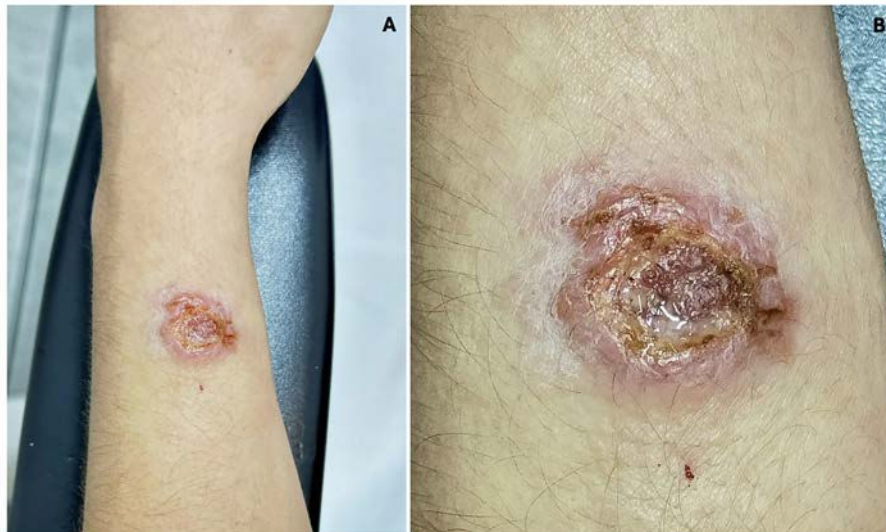


Figure 1. General appearance of the ulcer (A) with its amplification (B).

* Corresponding author at: Av. I. Morones Prieto # 4500 Pte, San Pedro Garza Garcia, NL 66238, Mexico.
E-mail address: gerardo.rivera@udem.edu (G. Rivera-Silva).

Ethical consideration

Patient written informed consent was obtained.

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Ethical committee

Comité de Investigación de la UDEM.

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Declarations of interest

None.