

CASE 3

Microscopy

Skin showing ulceration and a dense dermal infiltrate composed of lymphocytes, plasma cells and histiocytes which show a granulomatous dermatitis pattern.

Focally (in two pieces) the histiocytes are filled with small basophilic oval shaped organisms (amastigotes) showing occasional bar shaped paranuclear projections (kinetoplast). There is no evidence of dysplasia or malignancy.

Favoured diagnosis

The morphological features are those of **granulomatous chronic dermatitis** with ulceration, in combination with the clinical history given, the features favour **CUTANEOUS LEISHMANIASIS**
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Further work

Leishmania organisms can be highlighted by Giemsa stain and/or Weigert iron haematoxylin. PCR and ELISA tests can be done from skin smears and paraffin tissue, the Montenegro intradermal leishmanin test and serology to confirm the diagnosis and the species if relevant travel history is available.

Comment

Leishmaniasis is a protozoal infection spread by sandflies and is present in all continents except Australia and Antarctica. *Leishmania tropica* is present in Asia, Africa and Mediterranean and *Leishmania braziliensis* and *mexicana* are common in the Americas. Therefore travel history is important when attempting to isolate Leishmania by PCR and other methods. Leishmaniasis can present with a cutaneous (most common, self-limiting), mucocutaneous and visceral forms. The latter is the most severe and can be life-threatening causing fever, anaemia and hepatosplenomegaly.