The Brazilian Journal of
INFECTIOUS DISEASES

www.elsevier.com/locate/bjid

Clinical image

# A strange infiltrative plaque on the face

Claudio Guarneri[a,*], Uwe Wollina[b], Anastasia Chokoeva[c], Torello Maria Lotti[d], Georgi Tchernev[e]

[a] Department of Clinical Experimental Medicine, Unit of Dermatology, at the University of Messina (Italy), C/O A.O.U. "G. Martino", via Consolare Valeria, 1, 98125 Messina, Italy
[b] Department of Dermatology and Allergology, Academic Teaching Hospital Dresden-Friedrichstadt, Friedrichstrasse 41, 01067 Dresden, Germany
[c] Onkoderma – Policlinic of Dermatology and Dermatologic Surgery, General Skobelev Nr 26, Sofia, Bulgaria
[d] University of Rome "G. Marconi", Rome, Italy
[e] Policlinic for Dermatology and Venereology, Saint Kliment Ohridski University, Medical Faculty, University Hospital Lozenetz, Koziak Street 1, 1407 Sofia, Bulgaria

ARTICLE INFO

*Article history:*
Received 7 November 2015
Accepted 25 November 2015
Available online 31 December 2015

A 64-year old lady, known to have hypertension and urolithiasis, presented with a 4-month history of a slowly growing, erythematous-edematous and infiltrative plaque with superficial desquamation, involving all the nose skin surface – except for the root – and both zigomatic areas up to the naso-labial folds (Fig. 1).

The patient came from a remote rural area of the south-eastern Sicily, and was a farmer. Personal and familiar anamnesis was negative for autoimmune diseases or skin disorders.

Routine blood exams were within normal limits; serum autoantibodies (antinuclear, anti-ENA, anti-JO1 and anti-Scl70) were negative. Nailfold capillaroscopy and chest X-ray examination were normal.

Histopathologic examination of a cutaneous biopsy revealed a granulomatous infiltrate in the dermis, consisting of lymphocytes, histiocytes, and multinuclear giant cells with hyperkeratotic overlying epidermis. A touch-imprint preparation of a skin specimen, showed *Leishmania* amastigotes, within the histiocytes as well as extracellularly.

Lupoid leishmanniasis (LL) is a rare form of cutaneous leishmaniasis (CL) showing a striking resemblance with some other granulomatous skin diseases of inflammatory or infectious origin.[1]

In fact, LL is characterized by a typical spreading of the initial lesion leading to an infiltrated plaque with undefined borders, whereas some papules and nodules, often with scaling, may become apparent, presenting a lupoid aspect. The involvement of suggestive areas, as in our case, may further complicate the differential diagnosis.[2]

Histopathological features are that of epithelioid granulomas, and the detection of amastigotes is often hollow, both in microscopy and cultures.[3]

* *Corresponding author.*
E-mail address: cguarneri@unime.it (C. Guarneri).
http://dx.doi.org/10.1016/j.bjid.2015.11.005

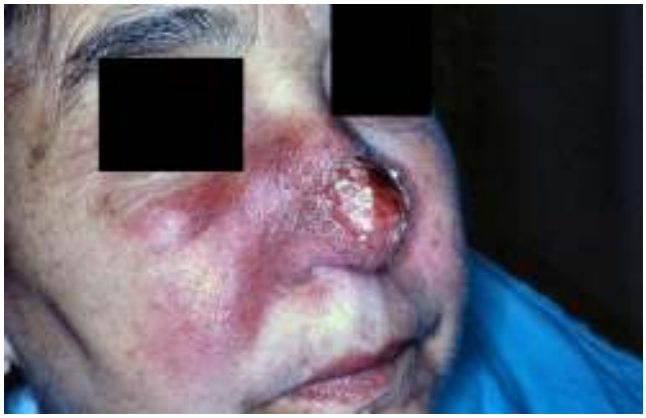

**Fig. 1 – Erythematous-edematous-infiltrative plaque involving mainly the right side of the centro-facial region.**

It seems that in LL certain strains replicate inside the macrophage, so assuming their ability to evade intracellular destruction or a concomitant defect in the T-cell activation process.[2,3] *Leishmania infantum*, the most frequent causative agent of CL in our geographic area, have been rarely linked with LL.[1,4]

The patient received N-methylglucamine-antimoniate, 1 mL twice-a-week intralesionally (total of 7 doses), with progressive improvement.

## Conflicts of interest

The authors declare no conflicts of interest.

## REFERENCES

1. Guarneri C, Vaccaro M, Cannavò SP, Borgia F, Guarneri B. Erythematous-edematous-infiltrative plaque on the face: cutaneous angio-lupoid leishmaniasis. Eur J Dermatol. 2002;12:597–9.
2. Ul Bari A, Raza N. Lupoid cutaneous leishmaniasis: a report of 16 cases. Indian J Dermatol Venereol Leprol. 2010;76:85.
3. Khaled A, Goucha S, Trabelsi S, Zermani R, Fazaa B. Lupoid cutaneous leishmaniasis: a case report. Dermatol Ther (Heidelb). 2011;1:36–41.
4. Guarneri C, Tchernev G, Bevelacqua V, Lotti T, Nunnari G. The unwelcome trio: HIV plus cutaneous and visceral leishmaniasis. Dermatol Ther. 2015, http://dx.doi.org/10.1111/dth.12303.