



Diffuse Cutaneous Leishmaniasis Treated with Oral Fluconazole

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Abstract

Cutaneous leishmaniasis is the most common form of leishmaniasis. It is a cutaneous infection caused by a unicellular parasite that is transmitted by sand fly bites. The diagnosis is confirmed by the presence of leishman courses on the smear. Cutaneous leishmaniasis can be treated by different therapeutic options. A treatment with oral fluconazole 200 mg/d until complete healing is successful and well tolerated in the treatment of cutaneous leishmaniasis in its diffuse forms.

Keywords: Cutaneous leishmaniasis; Oral fluconazole; DCL

Introduction

Cutaneous Leishmaniasis (CL) is a skin infection caused by a single-celled parasite that is transmitted by sand fly bites. Diffuse Cutaneous Leishmaniasis (DCL) is a serious form, with nodules scattered over the body, recurrent and resistant to treatment. In view of the toxicity of antimony derivatives, the encouraging results of a Saudi study and some case series evaluating the efficacy of oral fluconazole on cutaneous leishmaniasis, this treatment was proposed as first-line treatment in 3 patients [1].

Materials and Methods

Prospective monocentric study carried out in the Department of Dermatology. Three patients were included in the study.

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Case Presentation

Three patients, two males and one female, aged 37, 43 and 40, respectively. They had the notion of staying in a leishmaniasis endemic area. They were presented in consultation for painless and slightly itchy erythematous warty oval plaques with brownish or yellowish facial crusts in areas, followed a few weeks later by the appearance of multiple papulo-nodules on the four limbs, The smear revealed leishman bodies.

The therapeutic decision was to start fluconazole 200 mg/J for all tree patients until complete healing of the lesions, with close monitoring of CBC and liver function.

The evolution was marked by a total whitening, with persistence of a few hyper pigmented scarring lesions. The duration of treatment was 3 months in the first patient, four months in the second and 6 months in the third. No side effects were noted with a 2-months follow-up in the third patient, a 6-monthsin the second patient and a 14-months follow-up in the first patient. Without any recurrence (Figures 1-3).



Figure 1: Skin lesions on the face before and after treatment in the first patient.



Figure 2: Skin lesions on the lower limbs before treatment in the second patient (clinical and dermoscopic aspect).

Discussion

Cutaneous Leishmaniasis usually appears as single or few painful ulcerative lesions with raised borders. However, other more severe clinical forms have been described. Diffuse cutaneous leishmaniasis is characterized by a lack of immune response and the numerous macrophages are full of amastigotes with a weak surrounding lymphocyte cell response. It begins with a single non-ulcerated nodule, usually on the face, usually followed by extensive appearance of multiple macules, papules, nodules, plaques, and diffuses infiltration of the skin, especially the extensor surfaces of the limbs and face.

After encouraging results from a Saudi study published in 2001 evaluating the efficacy of oral fluconazole in cutaneous leishmaniasis, this treatment has been proposed by several authors as a first-line treatment [2]. Multiple protocols have been published, the most successful of which was fluconazole 200 mg/d for 6 weeks [3].

Conclusion

These new observations show that fluconazole 200 mg/d until



Figure 3: Skin lesions on the lower limbs after treatment in the second patient.

complete healing is successful and well tolerated in the treatment of cutaneous leishmaniasis in its diffuse forms. This Protocol can therefore be proposed as a first-line treatment in the diffuse forms.

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