Cutaneous Leishmaniasis

A 7-year-old girl presented for treatment of swelling over right cheek of two months duration. On examination, she had several small, painless, plaque lesions with indurated, erythematous and irregular borders and central ulcerations evident on the right cheek (***Fig* 1**). There was no neurological deficit, or lymphadenopathy in the head and neck. The medical history was not significant. Local biopsy on light microscopy showed skin with hyperkeratosis, parakeratosis and acanthosis. The dermis was filled with aggregates of large, pink, histiocytes, and mixed chronic inflammatory cells. The histiocytes contained dot-like organisms typical of LD bodies. She was treated with intramuscular sodium stibogluconate for three weeks. The lesions disappeared a month later and there has been no recurrence till the last follow-up.

Differential diagnosis of localized cutaneous leishmaniasis may include bacterial or fungal infections like impetigo, lupus vulgaris, sporotrichosis or eczema. A chronic painless ulcer, without any systemic symptoms in a child who has visited endemic region, and not responding to routine treatment should suggest possibility of cutaneous leishmaniasis.

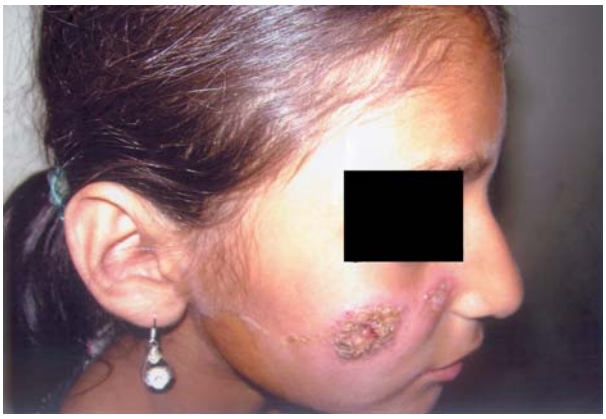

FIG.1 *Plaque lesions with indurated and irregular borders and central ulcerations.*

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Progressive symmetric Erythrokeratodermia

A 3-years-old female child presented with asymptomatic multiple well-defined erythematous scaly plaques since infancy. She was born of a non-consanguineous marriage and had uneventful prenatal and natal period. The lesions started appearing in first few months of life first on knees and then over rest of the body. The lesions were persisting in nature and she was never lesion free. However, the appearance (erythema and thickness) used to improve at times, only to get worse soon after. Rest of the history was non-contributory and no other family had similar lesions. There was no history of appearance of transient erythematous lesions. On examination, erythematous scaly plaques were present on extensor aspect of extremities (knees, lateral leg, ankle, and elbows) and sacral region with striking symmetry (***Fig*. 1**). Face,

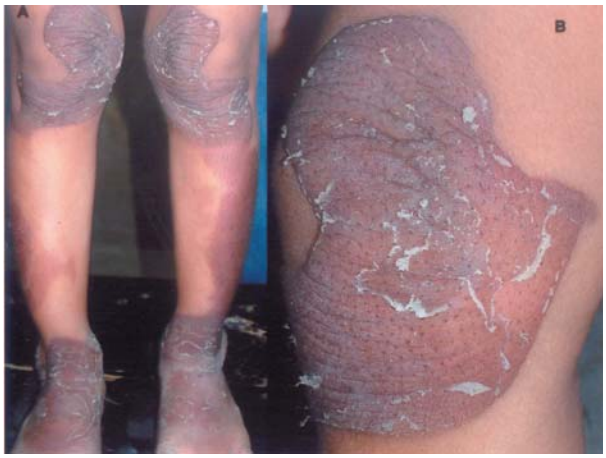

FIG. 1 *(a) Well demarcated symmetrical erythematous plaques over lower extremities. (b) Close up of a lesion.*