

## Erysipeloid Leishmaniasis of the Upper Limb

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### Abstract

We report the case of a 24-years-old Tunisian man, active military, with no medical history, how was admitted to our department for suspicion of erysipelas of the upper limb.

The somatic examination noted an infiltrated, erythematous, and extensive plaque of the left forearm associated to a small central ulcerative and cribriform lesion, and left arm lymphangitis. Basic biological tests were within normal limits and the search for anti-streptolysin O antibodies was negative. Central lesion smears confirmed the diagnosis of cutaneous leishmaniasis. The outcome was rapidly favorable after systemic meglumine antimoniate treatment.

**Keywords:** Cutaneous leishmaniasis, Erysipeloid leishmaniasis, Atypical presentation, Leishmaniasis.

### CASE REPORT

A 24-years-old Tunisian man, active military, with no medical history, was admitted to our department for suspicion of erysipelas of the upper limb.

The diagnosis was evoked by his unit doctor based on the observation of an erythematous, inflammatory, sensitive, and febrile eruption of the left forearm resembling erysipelas. He was treated with penicillin G for five days but without any amelioration.

The somatic examination noted an infiltrated, erythematous, and extensive plaque of the left forearm (Fig. 1), associated to a small central ulcerative and cribriform lesion (Fig. 2), and left arm lymphangitis (Fig.3)



**Figure 1.** Infiltrated, erythematous, and extensive plaque of the left forearm.



**Figure 2.** Small ulcerative and cribriform lesion at the center of the erysipelas-like lesion.



**Figure 3.** left arm lymphangitis.

Basic biological tests were within normal limits, in particular, the leukocytes were at 4200/mm<sup>3</sup> and the C-reactive protein at 4mg/l. The search for anti-streptolysin O (ASO) antibodies was negative.

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Diagnosis of CL was suspected and confirmed by the presence of Leishmania amastigotes in central lesions smears.

The patient was treated with systemic intramuscular meglumine antimoniate for 15 days with rapid and complete recovery.

Erysipeloid presentation is one of the most atypical and infrequent forms of cutaneous leishmaniasis [1,2]. Its frequency is estimated at 0.05-0.27% of all cutaneous leishmaniasis and 2.7-4.9% of unusual forms of this infectious skin disease [1,2]. It seems to preferentially affect women and locate itself on the face [1-3]. Unlike the classic erysipelas, localization at the limbs is much rarer [3,4]. This atypical variant of CL can be acute or chronic [4], occur spontaneously or post-trauma [5], and subsequent relapses are possible [4].

Our observation is characterized by its occurrence in a man and its location at the limbs.

This exceptional presentation of LC deserves to be known by clinicians, particularly those practicing in countries endemic for leishmaniasis.

**Conflicts of interest:** None

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