Is Surgical Excision a Suitable Method of Treatment for Cutaneous Leishmaniasis?: Letter to the Editor

Kutanöz Leishmaniasis'de Cerrahi Eksizyon Uygun Bir Tedavi Yöntemi midir?

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A 75-year-old male patient was admitted to our clinic with a circumscribed ulcero-vegetative plaque with occasional yellow and green crusts and erythematous elevated borders located on the anterior abdomen (Figure 1). This ulcerated plaque lesion increased in size after its surgical excision (Figure 2). The patient had no subjective complaints and was healthy otherwise. A Giemsa stained smear from the lesion revealed numerous pale purple-blue, round or oval amastigotes (Leishman-Donovan bodies) on both the extracellular and intra cytoplasmic areas of the histiocytes. The case was diagnosed as cutaneous leishmaniasis (CL), following clinical and histopathological findings. The patient received intralesional antimoniate (Glucantime) treatments (twice weekly, for eight weeks). Cutaneous leishmaniasis is a parasitic disease caused by protozoa of the genus *Leishmania*. The disease is endemic in some countries and becomes a public health problem. It is estimated that leishmaniasis affects approxi-

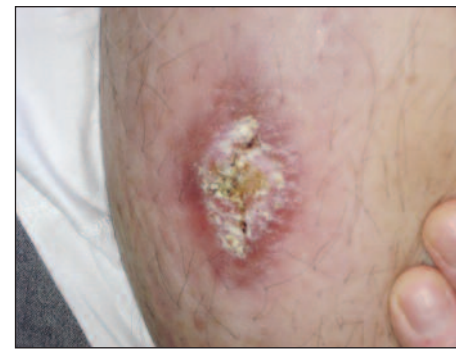

FIGURE 1: There was a circumscribed ulcero-vegetative plaque with occasional yellow and green crusts and erythematous elevated borders located on the anterior abdomen.
(See for colored form http://dermatoloji.turkiyeklinikleri.com/)

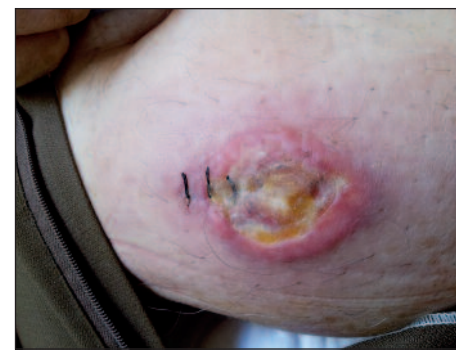

FIGURE 2: The ulcerated plaque lesion increased in size after its surgical excision.
(See for colored form http://dermatoloji.turkiyeklinikleri.com/)

mately 12 million people in 90 countries.[1,2] The Sanlıurfa Province, in southeastern Anatolia, Turkey, is highly endemic for CL and has drawn considerable attention. CL begins as asymptomatic, erythematous papules in open areas of the body, frequently on the face, eyelids, forehead, hands, wrists and sometimes legs; it develops over the course of approximately 4-6 months, forms ulcers reaching up to 1-2 cm in size, with crutes conjointed to the bottom. In the absence of treatment, healed lesions cause scarring.[3] Intralesional or systemic antimonials are the best choice for the treatment of CL.[1-4] As observed in our case, trauma may reactivate the disease; therefore, surgical excision or the direct traumatization of an active CL lesion is counter-indicated.[5] Since CL is locally endemic, we suspected CL in this lesion, which did not heal for a long time. It should be considered in order to ensure early diagnosis and the rapid instigation of a specific therapy.

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