CLINICAL SNAPSHOT

Oriental Sore (Old-World Cutaneous Leishmaniasis)

A 23-year-old pregnant woman from Afghanistan complained of a nodule on the left cheek that had been present for six months and had become secondarily ulcerated. Skin biopsy revealed a granulomatous, plasma-cell-rich infiltrate of the entire dermis, with many non-flagellated parasitic inclusions within macrophages. *Leishmania* spp. was demonstrated with the aid of a specific polymerase chain reaction; subspeciation from paraffin-embedded tissue was unsuccessful (native tissue is the gold standard). Systemic pharmacotherapy was relatively contraindicated because of pregnancy, so cryotherapy was tried first. In the ensuing three weeks, marked enlargement of the lesion was seen. Treatment with fluconazole was then initiated but was only able to prevent further progression. The spontaneous course after delivery was benign, and the lesion healed with a scar. This disease, previously encountered in Germany as a travel-associated dermatosis, has become more common here as asylum-seekers from endemic areas may suffer from it. Single lesions on the limbs can easily be controlled with local treatment, but facial lesions are an indication for systemic treatment with azole antifungal agents or miltefosine. Larger and more treatment-resistant lesions are seen in pregnancy because of a lessened Th-1 immune response leading to an impaired ability to fend off parasites.

Lesion on the left cheek

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Conflict of interest statement: The authors state that they have no conflict of interest.

Cite this as: Schüürmann M, Kunz M, Lübbert C: Oriental sore (old-world cutaneous leishmaniasis). *Dtsch Arztebl Int* 2017; 114: 754. DOI:10.3238/arztebl.2017.0754b

Translated from the original German by Ethan Taub, MD