

DIFFUSE CUTANEOUS LEISHMANIASIS IN HIV POSITIVE WOMAN

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A 29 years old woman was come to our dermatology clinic with a 1 month history of lesions on her face and extremity. She was diagnosed with HIV from 6 months ago and since then she was on treatment for HIV. Clinical examination was notable for painless indurated erythematous plaque on her face and erythematous papule on her extremities (Fig. 1, 2). The Patient was from Bam (Iran), in which cutaneous leishmaniasis is endemic.

She has history of cutaneous leishmaniasis 4 years ago. In that time she was treated successfully with injections of sodium stibogluconate.

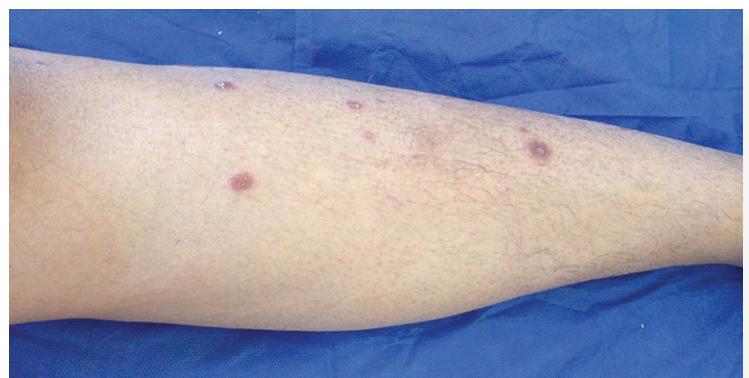
After skin biopsy and smear she was diagnosed with diffuse cutaneous leishmaniasis in the setting of HIV.

Leishmaniasis is a protozoal infection transmitted primarily

by sandflies and is due to organisms of the genus *Leishmania*. Individuals who were positive for HIV and born in endemic areas may also develop disease, pointing to recrudescence of a previously controlled latent infection. In HIV-infected patients, amphotericin B (which acts by T-cell-independent mechanisms) typically has better efficacy than pentavalent antimonials [1]. After treatment with amphotericine B lesions on her face and extremity got much better.

REFERENCES

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**Figure 1. Indurated erythematous plaques on the face.****Figure 2. Erythematous and scaly papule on the leg.**