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Letter

Paronychia-like cutaneous leishmaniasis

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Abstract

Chronic paronychia is an inflammatory recalcitrant disorder affecting the nail folds. We report one patient with paronychia revealing ungueal leishmaniasis.

A 34-year-old man, resident in the north of Morocco, presented with a 6-month history of an inflamed proximal nail fold of the left thumb, resistant to antibiotics and anti-fungal treatments.

En bloc excision of the proximal nail fold was done. The histopathological exam showed epithelioid granulomas with giant cells and the presence of leshmania amastigotes, leading to the diagnosis of ungueal leishmaniasis.

Clinical aspects of cutaneous leishmaniasis can be very misleading. The paronychial form is rarely described. In endemic areas it is necessary for the physician to be aware of atypical skin presentations of leishmaniasis.

Introduction

Cutaneous leishmaniasis is a common protozoan disease. It is an important public health problem in Morocco [1]. In its most common clinical picture it presents as nodules, papules, or nodulo-ulcerative lesions [1].

Unusual clinical presentations have been reported occasionally and include annular, sporotrichoid, palmoplantar, and erysipeloid forms [2]. We present a patient with a paronychial form, a very rare and chronic variant of cutaneous leishmaniasis.

Case synopsis

A 34-year-old man, resident in the north of Morocco, presented with a 6-month history of an inflamed proximal nail fold of the left thumb that was getting worse over one month. It was not improved by the use of antibiotics and anti-fungal treatments. Clinical exam showed paronychia of the thumb . The nail plate exhibited a longitudinal depression (Figure 1). The rest of the mucocutaneous examination was normal. The X ray of the thumb

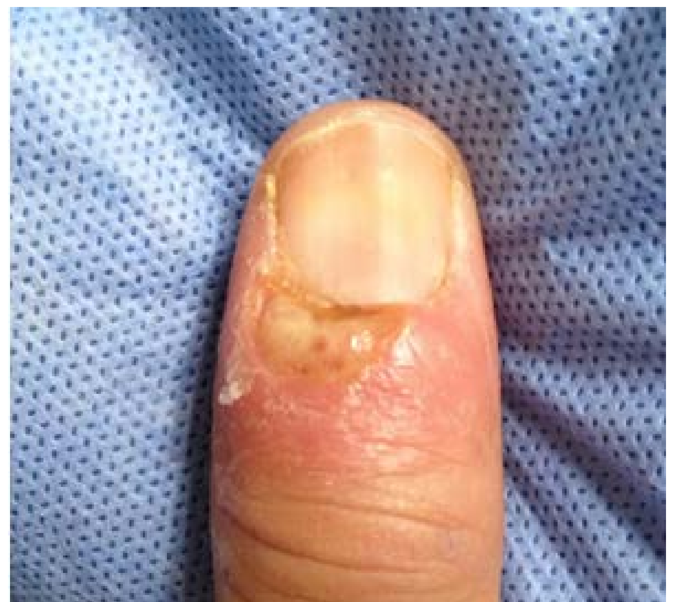

Figure 1. Swelling paronychia of the of the thumb with a longitudinal depression of the nail plate

was normal. The patient then underwent en bloc excision of the proximal nail fold (Figure 2). The histopathological exam showed epithelioid granulomas with giant cells and the presence of amastigote forms of the leishmania parasite, leading to the diagnosis of cutaneous leishmaniasis (Figure 3).

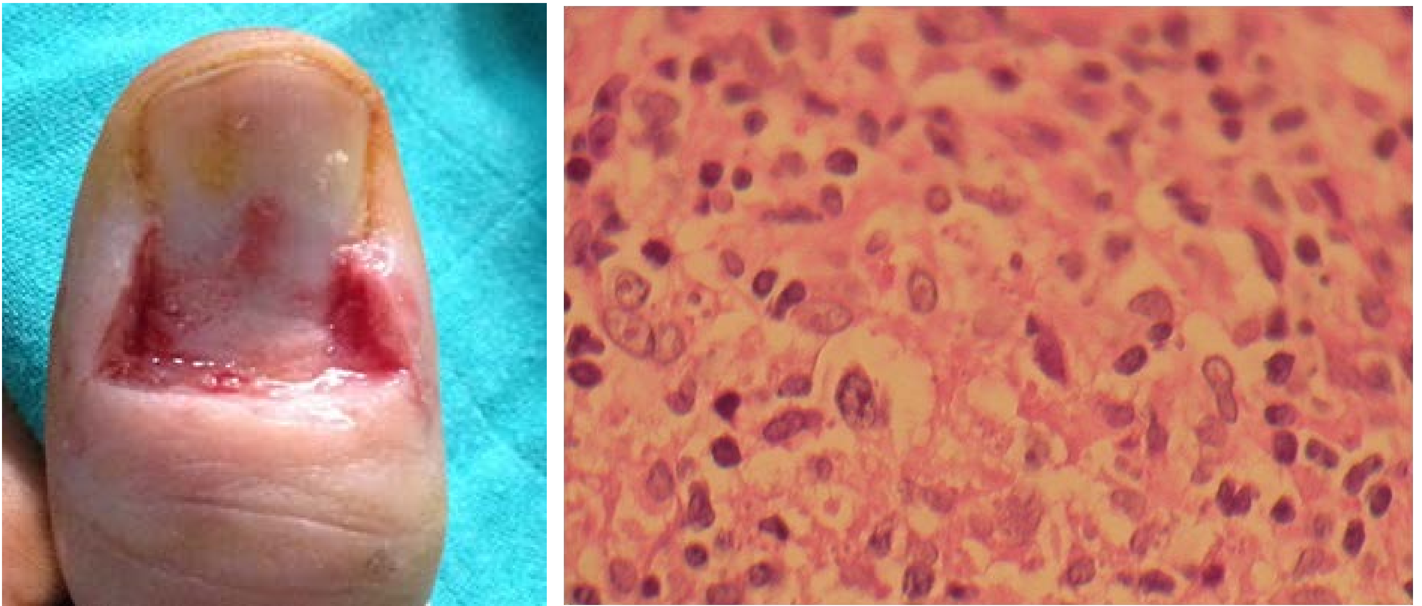

Figure 2. En bloc excision of the nail fold. **Figure3.** Amastigote forms of the leishmania parasite

Discussion

Chronic paronychia is an inflammatory disorder of the nail folds of a toe or finger presenting as redness, tenderness, and swelling. It can be defined as inflammation of these sites lasting for more than 6 weeks [3]. It has a complex pathogenesis and can be caused by multiple factors [3]. Because of the lack of response to treatment in our patient, we considered the alternative diagnoses of fistulated mucoid cyst, Bowen disease or epidermoid carcinoma, justifying a large excision of the proximal nail fold. The the diagnosis of cutaneous leishmaniasis was made histologically.

Clinical aspects of cutaneous leishmaniasis are very polymorphic and presentations can be misleading [4]. Paronychia is a clinical variant rarely described [4]. Bari and al have noted unusual presentations in 5.7% cases among 718 patients with cutaneous leishmaniasis . The commonest among unusual morphologies was lupoid leishmaniasis (34.1%), followed by sporotrichoid (12.1%) leishmaniasis; a paronychial form was found in only 7.3% of the cases [2] . In our series of 268 cases of cutaneous leishmaniasis, we found a paronychial form in only one case (0,3%)[1].

Cutaneous leishmaniasis often presents diagnostic difficulties, particularly in the case of isolated lesions [4]. Thus, in endemic countries such as Morocco , the diagnosis of leishmaniasis should always be considered in any chronic injury regardless of its location, especially when a chronic inflammatory process is unresponsive to treatment. The parasitological examination coupled with the histological examination, is the key to diagnosis. Treatment based on derivatives of antimony remains the treatment of choice. Otherwise, surgery may have its place in the therapeutic arsenal of the paronychial form of leishmaniasis.

Conclusion

In endemic areas or in cases with recent travel to endemic areas, it is necessary for the physician to be aware of atypical skin lesions and investigate these for cutaneous leishmaniasis.

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