Letter to the Editor

CONCURRENT LEPROSY AND LEISHMANIASIS WITH MUCOSAL INVOLVEMENT

Editor,

Leprosy and leishmaniasis have some characteristics in common and their differential diagnosis on clinical grounds can be difficult. Although their geographical distributions overlap, concurrent leprosy and mucocutaneous leishmaniasis in the same individual have seldom been recognized.\(^1\)\(^2\) We report here a case of mucosal leishmaniasis in a patient with leprosy, and discuss the importance and the difficulties of the differential diagnosis between the two diseases.

A 33-year-old salesman from Uberlândia (Minas Gerais state, southeastern Brazil) was diagnosed as having borderline lepromatous (BL) leprosy in 1994. He had characteristic skin lesions and nasal obstruction with a right nasal septal lesion attributed to leprosy. Acid-fast bacilli were seen on slit-skin smear, with a bacterial index of 4.0. The patient was treated with World Health Organization multi drug therapy for 2 years, with significant improvement of the skin lesions but not of the nasal obstruction or of the nasal septal lesion.

Six months after finishing the treatment, the patient presented a late lepra reaction which required treatment with prednisone (80 mg daily) and thalidomide (300 mg daily) and later the addition of clofazimine in anti-inflammatory dose (300 mg daily). The septal lesion and the complaint of nasal obstruction persisted. During the following 3 years the patient sought a number of otolaryngologists trying to find a solution to his nasal obstruction. His nasal septal lesion was also submitted to at least two biopsies that revealed only non-specific chronic rhinitis.

Finally the septal lesion finally totally obstructed the right nostril and a similar lesion in the left nasal septum appeared obstructing that nostril. A computerized tomography of the paranasal sinuses was normal. A VDRL test was negative.

The patient was then submitted to another biopsy of the nasal septal lesion, which showed a chronic granulomatous inflammatory process containing amastigotes. Treatment with meglumine antimoniate was given for 30 days with total resolution of the nasal lesions and symptoms.

Mucocutaneous leishmaniasis in South America is caused by *Leishmania (Viannia) braziliensis*. In this form of the disease single or multiple skin ulcers are usually the first manifestation; mucosal involvement follows months or years later. Nasal mucosal involvement in leishmaniasis can lead to nasal obstruction and epistaxis. Septal lesions starting as swelling and reddening of the mucosa may slowly progress over time to perforation.\(^3\) The diagnosis of leishmaniasis should be confirmed by demonstration of the parasite, which is difficult in mucocutaneous forms where parasites are scarce.\(^4\) Histological findings are not diagnostic unless parasites are found. Immunohistochemical techniques have improved sensitivity but are not always available.\(^5\)\(^6\)

In the present case, there was delay in the diagnosis of leishmaniasis because the nasal symptoms were attributed to leprosy. Only after the realisation that the lesion kept growing despite steroid therapy was the possibility of a second disease raised and biopsies carried out. Even so, the diagnosis remained elusive for a long time.

Not all complaints of patients with leprosy are due to leprosy. This may sound obvious, but health professionals who deal with patients with leprosy are likely to overlook other diagnoses if the symptoms
presented by the patient can be explained by leprosy itself. BL leprosy does not normally cause disease of the nasal mucosa; nonetheless, it took years before the investigation of a differential diagnosis was initiated. Leishmaniasis was not the only possible differential diagnosis that could be made by histopathological examination; other possibilities included fungal infections (paracoccidiodomycosis, histoplasmosis, rhinosporidiosis), tertiary syphilis, sarcoidosis, and middle line granuloma. This case states the importance of the careful investigation of a discordant clinical finding.

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