

Cutaneous Leishmaniasis in an Immigrant Worker: A Clinical Image

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1. CASE PRESENTATION

A 45-year-old adult presented to the PAF Hospital Unit-I with a two-week history of skin lesions on his right foot. Physical examination revealed painless erythematous papules with overlying scaling and crusting, some exhibiting central ulceration (Figure 1).



Figure 1: Cutaneous Leishmaniasis lesion (6 cm × 8 cm) with erythematous papules, overlying scaling, and crusting on the right foot.

The patient, a PAF employee, had recently visited Rajanpur, Punjab, where cutaneous leishmaniasis is endemic. He recalled being bitten by sandflies during his stay. Initially, a red, itchy papule developed at the bite site, gradually enlarging into an ulcer. A smear from dermal scrapings, tissue culture, and polymerase chain reaction (PCR) confirmed *Leishmania tropica* as the infecting agent.

He was admitted to PAF Hospital Unit-I and treated with Meglumine Antimoniate. An intramuscular injection of pentavalent antimony was administered at a dose of 20 mg/kg/day for 28 days, along with an intralesional injection at a dose of 30 mg/day per lesion for 10 days. Complete blanching at the base of the lesion was observed following deep tissue infiltration.

2. DISCUSSION

Leishmaniasis is an infectious disease caused by protozoan parasites of the genus *Leishmania*, transmitted to humans through the bites of infected female sandflies (1). Cutaneous Leishmaniasis (CL) is the most prevalent form of the disease, characterized by the appearance of one or multiple ulcers or nodules at the sites of infectious sandfly bites (2). Early identification and treatment of Cutaneous Leishmaniasis (CL) are crucial to preventing severe complications.

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