Images in Clinical Tropical Medicine

Erythema Exsudativum Multiforme after a Leishmania Skin Test

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A 45-year-old otherwise healthy male from an endemic region for Leishmania braziliensis infection in Bahia, Brazil, presented with three erosive hemorrhagic infiltrated plaques on the left shin accompanied by lymphadenopathy in the groin since one month (Figure 1). A Leishmania skin test performed on the left forearm was strongly positive (20 × 18 mm). Two days later, the patient felt sick and feverish. Painful erythematous target lesions developed on the palms and scapula together with conjunctivitis (Figure 2). Histopathology confirmed erythema exsudativum multiforme (EEM) (Figure 3). Both EEM and cutaneous leishmaniasis were successfully treated with a 5-day course of prednisone 20 mg, and a 20-day course of intravenous pentavalent antimony, respectively.

This case supports the hypothesis that an exacerbated host immune response against Leishmania antigens may be associated with tissue damage and several clinical manifestations including EEM; this case should alert the clinicians that Leishmania skin test is not totally risk free and may trigger hypersensitivity reactions.

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Figure 3. Hematoxylin and eosin (H&E) stain showing dermatitis in the upper dermis and spongiosis at the dermal-epidermal junction (A) $\times 40$. Vacuolization of epidermal basal cells (B) $\times 400$, and the presence of necrotic keratinocytes (C) $\times 1,000$. 