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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 with lymphadenopathy in the groin since one month (Figure 1). A *Leishmania* skin test performed on the left forearm was strongly positive (20 × 18 mm).[1] Two days later, the patient felt sick and feverish. Painful erythematous target lesions developed on the palms and scapula

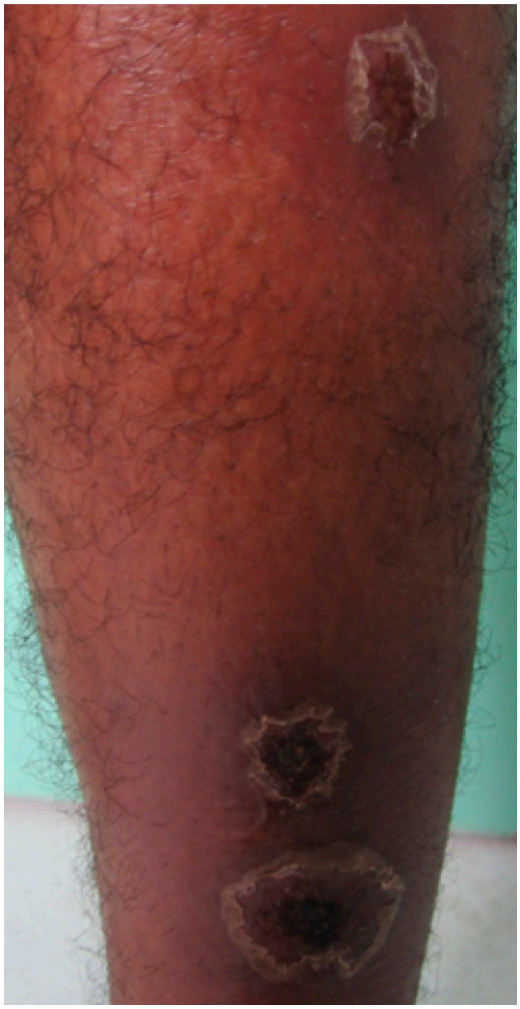

FIGURE 1. Erosive hemorraghic infiltrated plaques on the left shin, suspective for cutaneous leishmaniasis.

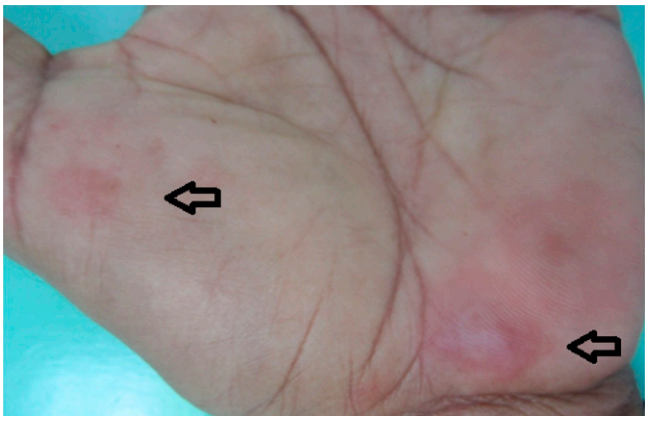

FIGURE 2. Target lesions (arrows) on the palm of the left hand.

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[2,3]; this case should alert the clinicians that *Leishmania* skin test is not totally risk free and may trigger hypersensitivity reactions.

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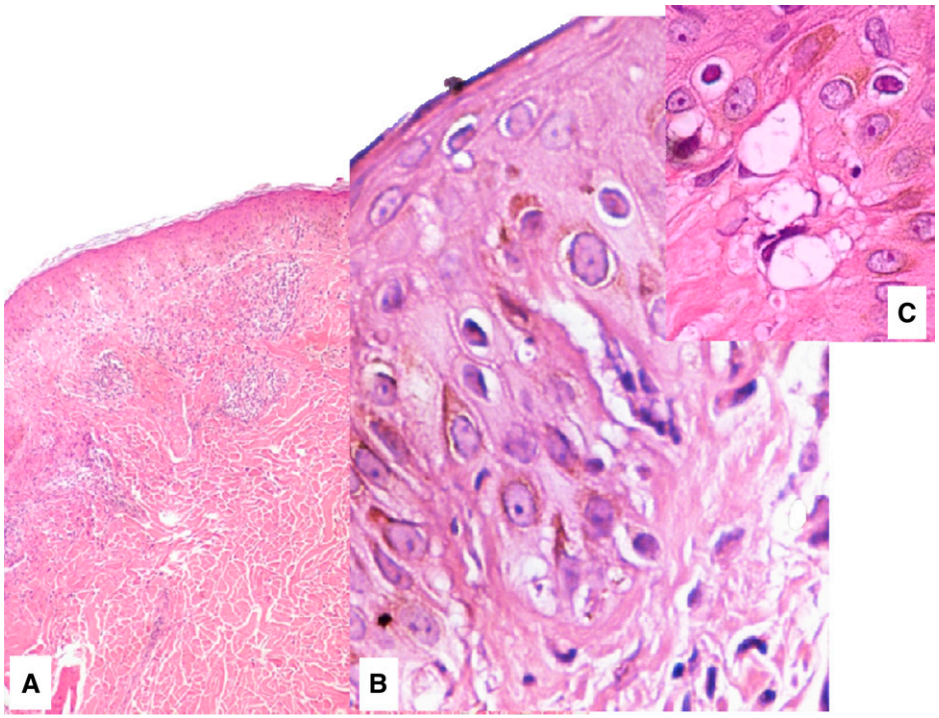

FIGURE 3. Hematoxylin and eosin (H&E) stain showing dermatitis in the upper dermis and spongiosis at the dermal-epidermal junction (**A**) ×40. Vacuolization of epidermal basal cells (**B**) ×400, and the presence of necrotic keratinocytes (**C**) ×1,000.