Follicular Mucinosis Associated with Cutaneous Leishmaniasis

Sir,

Follicular mucinosis (FM) is a non-specific histological reaction pattern characterized by mucinous degeneration of the outer sheath of follicles and sebaceous glands, accompanied by a variable inflammatory cell infiltrate (1). The clinical expression is extremely variable. It may occur as a primary disorder or associated with benign or malignant diseases (2 – 4). We describe a patient who developed FM in the same area where a cutaneous leishmaniasis (CL) treated with intralesional meglumine antimoniate was present.

CASE REPORT

A 60-year-old woman was admitted to our Department with a 7 months' history of a pruriginous erythematous papule on the left cheek. A cutaneous biopsy demonstrated the presence of leishmania. No FM was observed. There was no evidence of immunosuppression. General status was good. Haematological, biochemical and urine tests were within normal limits. With the diagnosis of CL, treatment with 1200 mg of intralesional meglumine antimoniate was performed divided into four doses of 300 mg every 2 weeks. The lesion almost disappeared, although a slight erythematous induration, 1.5 cm in diameter, persisted. Eight months after the last dose, a biopsy of the plaque showed mucinous degeneration of the external root sheath of follicles. A perifollicular and interstitial mononuclear inflammatory infiltrate was evident. No leishmania were observed (Fig. 1). The lesion persisted without improvement in spite of treatment with topical corticosteroids. A biopsy performed 4 years later showed the same findings.

DISCUSSION

FM is a reaction pattern in follicular epithelium that has been described in association with many tumoral and inflammatory conditions. The origin of the follicular mucin deposits is unknown, although it is generally accepted that its production is carried out by the outer sheath follicular cells (5, 6) in response to stimuli induced by the inflammatory cells of the infiltrate, particulary T lymphocytes, as a direct cytotoxic reaction or more probably through cytokines (7, 8). The responsibility of other types of cells, such as the eosinophils, has been suggested (9). In our case, the stimulus capable of inducing the mononuclear infiltrate may be multiple: the arthropod bite, the leishmania organisms, the injection during intralesional therapy or the drug itself. In a review of the literature, only two cases of FM associated with arthropod bites have been described (1). Neither leishmania, nor repeated trauma or intralesional drugs have been reported related to FM. The chronological relation and the same localization of the indurated plaque where FM was found with the CL suggest a relationship among both, probably as a non-specific histological reaction pattern, although a coincidental fact cannot be excluded.

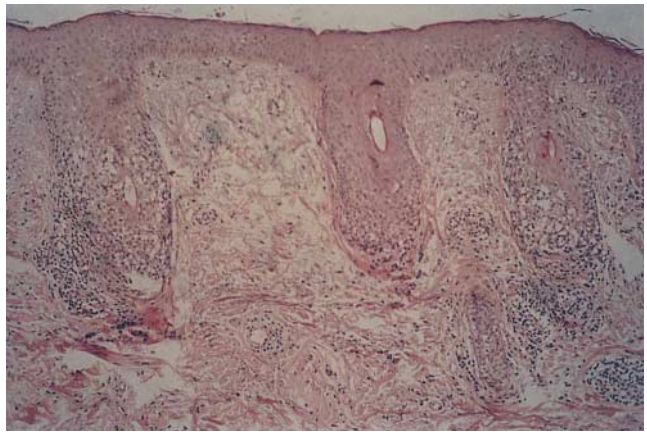

Fig. 1. The hair follicles show mucinous degeneration specially in the external root sheath. There is a perifollicular and interstitial mononuclear inflammatory infiltrate without evidence of Leishmania. (Hematoxylin-eosin, × 200).

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