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Cutaneous B cell lymphomas



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Lesions' Healing Course

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Abstract

Background: The colonization of aerobic and anaerobic microbial agents on cutaneous leishmaniasis (CL) lesions, especially acute erosive ulcerative ones, has been mentioned in previous studies showing controversial results on the healing course of lesions with the use of antibiotics. **Aims:** The purpose of this study was to evaluate the prevalence of secondary bacterial infections in CL lesions and the effect of its elimination on the lesions' improvement rate. **Materials and Methods:** This cross-sectional clinical trial was performed on 84 acute CL patients. The required skin samples were taken. Cultivation for bacteria was conducted. Patients with positive culture results were divided into two groups. Both groups received standard anti-leishmania treatment, whereas only one group was treated with cephalexin 40-50 mg/kg/day for 10 days. The improvement rate was evaluated in the following visits based on changes in the lesions' induration size. **Results:** Among the 84 studied patients, 22.6% had a negative culture result whereas the result was positive in 77.4%. The most common pathogenic germs were *Staphylococcus aureus* (52.3%) and *Staphylococcus epidermidis* (9.5%); 34/5% of the positive lesions received antibiotic treatment. Finally, among the lesions with a 75-100% improvement rate, no significant difference was observed between the antibiotic-treated and -untreated groups (36.1% vs. 63.9%, respectively, $P = 0.403$). **Conclusions:** The most common pathogen was *S. aureus* and, as a primary outcome, the simultaneous treatment for microbial agents did not have any considerable effect on the improvement rate of CL lesions.

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Key Words: Acute cutaneous leishmaniasis, aerobe, anaerobe, antibiotic, bacterial colonization

What was known?

Colonization of aerobic and anaerobic microbial agents on cutaneous leishmaniasis (CL) lesions has shown controversial results on the lesions' healing process with the use of antibiotics.

Introduction

Cutaneous leishmaniasis (CL) is a chronic disease that is endemic in many parts of the world, but 90% of CL cases live in six countries, including Afghanistan, Brazil, Iran, Peru, Saudi Arabia and Syria.^[1] According to the World Health Organization reports, 12 million people are affected with this condition worldwide, and around 350 million are estimated to be under high risk of contamination.^[2] CL is usually treated with systemic and intra-lesional antimonial compounds that have many side-effects.^[3]

Colonization of microbial agents (aerobic and anaerobic) on CL lesions, especially acute erosive ulcerative ones, has been investigated in previous studies.^[4-10] There are also several reports on the positive role of antibiotic

therapy of colonized bacterial leishmaniasis lesions leading to higher rates of improvement.^[7,8] It is to note that no specific protocol is available for approaching clinically suspicious CL lesions or those with positive laboratory results on smear or culture. On the other hand, most clinicians encounter this situation during clinical practice. Regarding the newly published references on chronic wound management, there is a difference between the clinical diagnosis of infection in acute and chronic wounds.^[11]

As the Khorasan state in North East of Iran is a well-known endemic area for CL, especially due to *L. tropica*, and no such study has yet been performed in this area, and by considering CL as a chronic wound, we aimed at assessing the bacterial species (aerobic and anaerobic) colonized on acute CL lesions in this region and the effect of their elimination by antibiotic therapy on the lesions' healing course.

Materials and Methods

This interventional clinical trial was performed on 84 acute CL patients who were referred to the Dermatology

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