A US Soldier Who Returned from Iraq with Nonhealing Sores
(See pages 1065–6 for Answer to Photo Quiz)

A previously healthy, 23-year-old US soldier was evacuated to the Walter Reed Army Medical Center (WRAMC) in Washington, D.C., for evaluation of nonhealing lesions on his neck (figure 1) and body. The patient had deployed with his unit to Iraq in April 2003 and first noticed the lesions ~2 months after he arrived, while deployed near the Iraq-Iran border. The lesions were painless but mildly pruritic. Ten days of treatment with oral amoxicillin–clavulanic acid did not improve the lesions. After 2–3 months without improvement in his condition, the patient was evacuated to the WRAMC. The patient denied having experienced fever, chills, or any systemic symptoms. A physical examination revealed 5 indurated lesions on his neck.
that had raised borders and a central scale. There were 2 similar lesions on his right lower extremity. He had mildly tender posterior auricular adenopathy, but there were no other abnormal findings of the physical examination. Complete blood count, blood chemistry values, and blood urea nitrogen, creatinine, and liver-associated enzyme levels were all normal. The central scale was removed from 1 of the lesions on the neck, and scrapings from the base of the lesion were stained with Giemsa stain (figure 2).

What is your diagnosis?

Figure 2. Giemsa stain of biopsy sample from lesion on neck