

Leech therapy for epidermoid cysts and review of the literature.

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Abstract

Hirudo medicinalis sucks blood directly through the external mammalian skin. We recently observed a healthy 64-year-old Iranian man, who presented with numerous asymptomatic multilobular oval-to-round well-defined 0.5 to 1.5 cm cystic lesions with central umbilication (central black eschar) over the upper portion of his chest. We made the diagnosis of epidermoid cyst, giant comedone and leech bite on the basis of the constellation of clinical features. The patient was treated with oral ciprofloxacin at a dose of 2 g daily, and 2% topical erythromycin solution. Despite improvement, the evidence of cystic lesions persisted. There was no history of similar lesions in any other family member. There was no history of trauma. The patient was not using any topical or systemic medication. Two weeks before his visit, he had a history of leech therapy under the supervision of a general practitioner. His medical history was significant for leech therapy of the lesions, five days previously. He was followed up for another two weeks and after disappearance of the inflammation, with the patient under local anesthesia, the well-circumscribed mass was completely evacuated with a sharp curette and comedone extractor. The patient was subsequently lost to follow-up.

CONCLUSION:

Considering the efficacy of leeches, it would be favorable to breed a germ-free leech. In Iran, the use of the leeches in surgery, in recent years, has been infrequent. It appears that the positive effects of this ancient remedy may now be explained through scientific methods, promising potentially even more uses of this admirable creature in medicine.

KEYWORDS:

Hirudo medicinalis; leech; leeching history

<https://www.ncbi.nlm.nih.gov/pubmed/24804186>

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Leech Therapy for Treating Priapism: Case Report.

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Abstract

Priapism is well-defined by persistent, painful penile erection which happens without sexual stimulation. Currently, the hirudotherapy is practiced to treat venous congestion and subsequent compartment syndrome. Here we will report a case of a male with priapism treated by leeches. The case was a **26 yr old young single male** referred to the Razi Hospital Emergency Department, Guilan University of Medical Sciences, Rasht, Iran due to long-time spontaneous erections. The patient had no history of mental disorders, trauma or sickle cell anemia. We insert **two leeches** in each side of penile shaft for two hours, **after a one hour break we insert do in same manner for another cycle**. At follow-up two days later he had **significantly decreased pain**, though still had cavernosal swelling and tenderness to palpation. The patient was subsequently discharged after three days of admission. **The pain and perineal swelling completely resolved over the course of one month**. In this case, chronology indicates that leech therapy was possibly treatment option for priapism. This procedure seems to be non-invasive treatment strategy worth to discussing in such patients.

<https://www.ncbi.nlm.nih.gov/pubmed/28845411>

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Unani treatment and leech therapy saved the diabetic foot of a patient from amputation.

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Abstract

Every 30 seconds, a lower limb amputation is carried out due to diabetes throughout the world. The mortality rate due to diabetic foot gangrene is just next to that of cancer. As tissue death cannot be reversed, surgical removal of the affected tissue (debridement) or amputation of the limb is the only treatment option left when gangrene has advanced. The present case study illustrates an option to treat poorly healing diabetic wounds with Unani medicine (blood purifier and deobstruent) besides hirudotherapy. The study was performed on a 60-year-old woman suffering from diabetic foot (on the left) grade 5 and facing the prospect of imminent amputation. The patient was having severe pain (80 mm on a 100 mm visual analogue scale) in the gangrenous foot and foul-smelling with necrosed areas. Wound dressing was done with unripe papaya as it has a very good role in clearing necrotising area and hirudotherapy was also used in poorly healing wounds. **The pain score decreased to 0-10 mm on a 100 mm visual analogue scale within 20 days and no further pain relieving medication was required.** Over a time interval of nearly **3-5 months, necrotic areas disappeared and the wound was completely healed.**

<https://www.ncbi.nlm.nih.gov/pubmed/24809835/>

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