A 63-YEAR-OLD MAN FROM A RURAL AREA IN CENTRAL Tunisia presented with a 1-month history of ulcerated paronychia, with a verrucous lesion at the base of the right thumb (Panel A). He was otherwise asymptomatic and reported having no pain, but physical examination revealed seven crusty, ulcerated skin lesions on the limbs (including a lesion on the left ankle, Panel B). Since the ulcerations and the presence of lesions on the limbs were not consistent with chronic paronychia, a skin smear was obtained. Optical examination of the smear after May–Grünwald–Giemsa staining revealed amastigote forms of the leishmania parasite, and the patient received a diagnosis of cutaneous leishmaniasis. Because the patient had a number of lesions, he was treated with intramuscular meglumine antimoniate. Treatment was interrupted 7 days later because of pancreatic side effects, with lipase levels up to 3 times as high as the normal value. The patient was lost to follow-up, no longer returning for care.