**Case Report : Ecthyma Gangrenosum as a precursor to sepsis in a healthy young man.**

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Learning objective:

1) Ecthyma gangrenosum can present in a previously healthy individual without bacteremia.

2)It may be one of the early signs of infection and prompt detection and treatment of this condition is essential to prevent severe complications.

Abstract:

Ecthyma gangrenosum represents a formidable skin sign of a potentially life-threatening systemic infection most commonly due to Pseudomonas aeruginosa. It classically occurs in neutropenic or immunocompromised patients, but can occasionally affect previously healthy individuals. Characteristic findings include small indurated papulovesicles progressing rapidly to necrotic ulcers with surrounding erythema and a central black eschar. Lesions are most commonly found over the buttocks, perineum, limbs, and axillae. It may present as the first sign of pseudomonas infection or may appear later. This diagnosis should be entertained even when a previously healthy patient has negative blood cultures. It is very important to establish the diagnosis early so that appropriate systemic antibiotic therapy can be initiated to reduce morbidity and mortality. We highlight the case of a 20 year old previously healthy male patient who presented with fever, severe body aches and sore throat for 3 weeks with associated non productive cough. On examination he was febrile and had diffuse non blanching macular lesions over his forehead, axilla, and abdomen. He was treated symptomatically and an ASO titer was done. Two days later he became restless, tachypneic and tachycardic and was transferred to the ICU- intubated and a thorough workup was done for sepsis. The macular lesions on his body became more hemorrhagic looking with central necrotic crusting and surrounding hemorrhagic bullous appearance. Labs done at the time revealed leukopenia, thrombocytopenia and anemia and elevated procalcitonin. Blood cultures were negative. CT chest showed - bilateral basal atelectasis. Sputum culture done by BAL and urine culture turned positive for MDR Pseudomonas aeruginosa. He was started on iv Tazocin and colistin nebulization. Skin biopsy showed an ulcer with necrotizing vasculitis and neutrophilic infiltrate. The patient had a prolonged course in the hospital complicated by DIC, bilateral limb gangrene and required long term rehabilitation.