International Journal of Infectious Diseases 17 (2013) e787

Contents lists available at SciVerse ScienceDirect

International Journal of Infectious Diseases

journal homepage: www.elsevier.com/locate/ijid

Medical Imagery

Not all eschars are anthrax

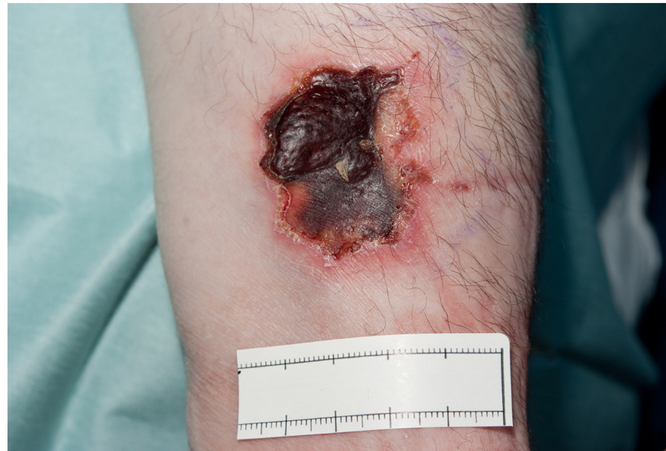

Figure 1. Ecthyma gangrenosum.

In our intensive care unit we treated a 42-year-old man with a history of intravenous drug use for community-acquired pneumonia. He was intubated, ventilated, and commenced on amoxicillin–clavulanic acid and clarithromycin in accordance with local guidelines. Within 3 days the patient developed a small erythematous lesion on the palmar aspect of his left distal forearm. The lesion began to develop a necrotic centre with irregular erythematous edges (Figure 1). Injectional anthrax was considered in the differential diagnosis given the history of prior drug use, however no change in therapy was advised because amoxicillin–clavulanic acid is active against *Bacillus anthracis*. A swab culture of the lesion revealed heavy growth of *Pseudomonas aeruginosa*. Initial sputum cultures also grew *P. aeruginosa* and therefore it was suspected that the lesion may represent ecthyma gangrenosum, a rare cutaneous complication of pseudomonal sepsis in patients who are critically ill or immunocompromised.[1] Identification of this infection allowed us to promptly switch therapy to intravenous meropenem to cover for *P. aeruginosa*. This was crucial as amoxicillin–clavulanic acid provides no cover for this organism.

This report highlights that cutaneous manifestations of Pseudomonas infection may present with lesions similar to anthrax,[2] and that differentiating the two has significant therapeutic implications.

Conflict of interest: No conflict of interest to declare.

References

1. Downey DM, O'Bryan MC, Burdette SD, Michael JR, Saxe JM. Ecthyma gangrenosum in a patient with toxic epidermal necrolysis. *J Burn Care Res* 2007;**28**:198–202.
2. Pavia CS, Plummer M. Ecthyma gangrenosum caused by *Pseudomonas aeruginosa*. *J Am Osteopath Assoc* 2012;**112**:406.

Stuart A. Hannah*
Abhijit M. Bal
Department of Anaesthesia, University Hospital Crosshouse, Kilmarnock Road, Kilmarnock, Ayrshire, UK

Corresponding Editor: Eskild Petersen, Aarhus, Denmark

*Corresponding author
E-mail address: stuart.hannah@nhs.net (S.A. Hannah)

1201-9712/$36.00 – see front matter © 2013 International Society for Infectious Diseases. Published by Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.ijid.2013.01.019