POSTER N°9

AN EASILY MISSED DIAGNOSIS

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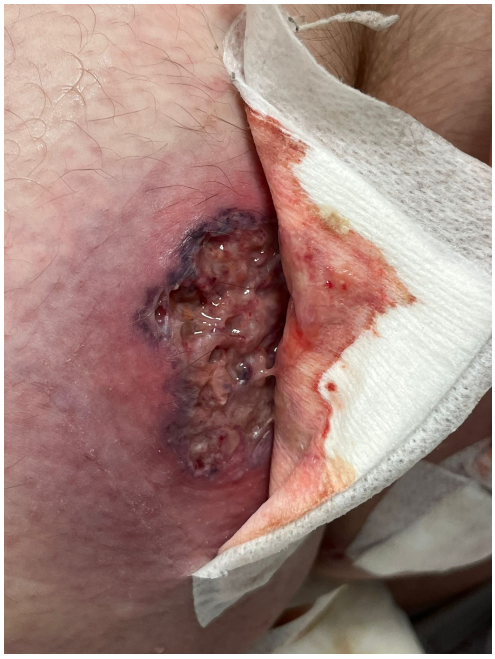

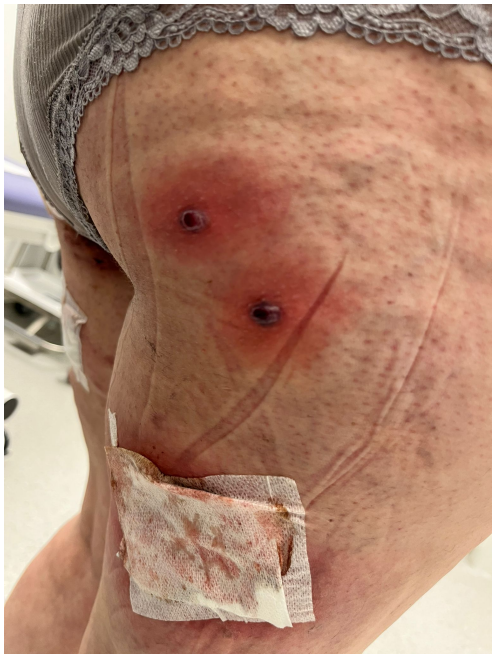

Case report:

A 29- years old woman presents to the Emergency Room because of multiple ulcerated lesions on her buttocks, thighs and face since 5 days. The lesions are extremely painful. She presents no fever and she didn't travel recently. She gave birth 1 month ago and she has an ulcerative colitis treated by Prednisolone 15mg per day. A wound smear, blood and urine culture and a complete blood check were performed, revealing leucocytosis and CRP at 256 mg/L, and Pseudomonas aeruginosa. The final diagnosis was ecthyma gangrenosum. Intravenous treatment by amikacin and tazobactam was initiated followed by a progressive but slow healing of the ulcerated lesions.

Gangrenosum ecthyma is caused by Pseudomonas aeruginosa, a Gram negative bacteria that usually causes opportunistic infections and is commonly resistant because of biofilm formation The ulcerative lesions can be unique or multiples, generally affecting the perineal or axillar region (60%) or the limbs (30%), more rarely the face or the trunk (10)%. The clinical presentation shows an erythematous plaque that evolves to a pustule or a hemorrhagic blister followed by a necrotic ulceration.

The diagnosis is made on the bacterial smear. If the diagnosis is confirmed, a complete biologic check up must be done and underlying immunosuppression must be identified.

The treatment consists of an antibiotic association (beta-lactamines, cephalosporin, fluoroquinolone, carbapenemes) as well as surgical debridement for severe cases.

The differential diagnosis includes vasculitis, calciphylaxia, anti-vitamine K cutaneous necrosis, CIVD, pyoderma gangrenosum as well as necrolytic migratory erythema.

Cutaneous Pseudomonas aeruginosa infection easily detectable

Necrotic ulceration secondary to a hemorrhagic blister or pustule

Immunodepressed patient => complete check up (don't forget drugs)

Poor prognosis if sepsis associated (20% to 80% mortality)