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Hemorrhagic Bullae in the Setting of a Rare Opportunistic Infection

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Program: Dermatology

Type: Case Report

Background: Dermatological presentation of infectious disease can be non-specific, with morphology ranging from erythematous plaques and ulcers to vesicles and bullae. In cases of disseminated infection with cutaneous manifestations, skin biopsy can be a comparatively less invasive and more cost-effective bedside diagnostic technique.

Case: We present a case of a 72-year-old woman hospitalized for anemia and hypoxia, with an incidental finding of grouped vesicles on the hand. She then developed worsening lung cavitations and hemorrhagic bullae during the course of admission. Due to the patient's decompensation, lung biopsy was unobtainable, and instead skin biopsy and tissue culture were obtained. Histopathological examination revealed branching gram-positive bacilli, consistent with *Nocardia otitidiscavarium* (Fig. 1).

Conclusion: This case highlights the utility of early dermatologic consultation and skin biopsies as a safe and efficacious tool for diagnosis of complex medical disease. ■

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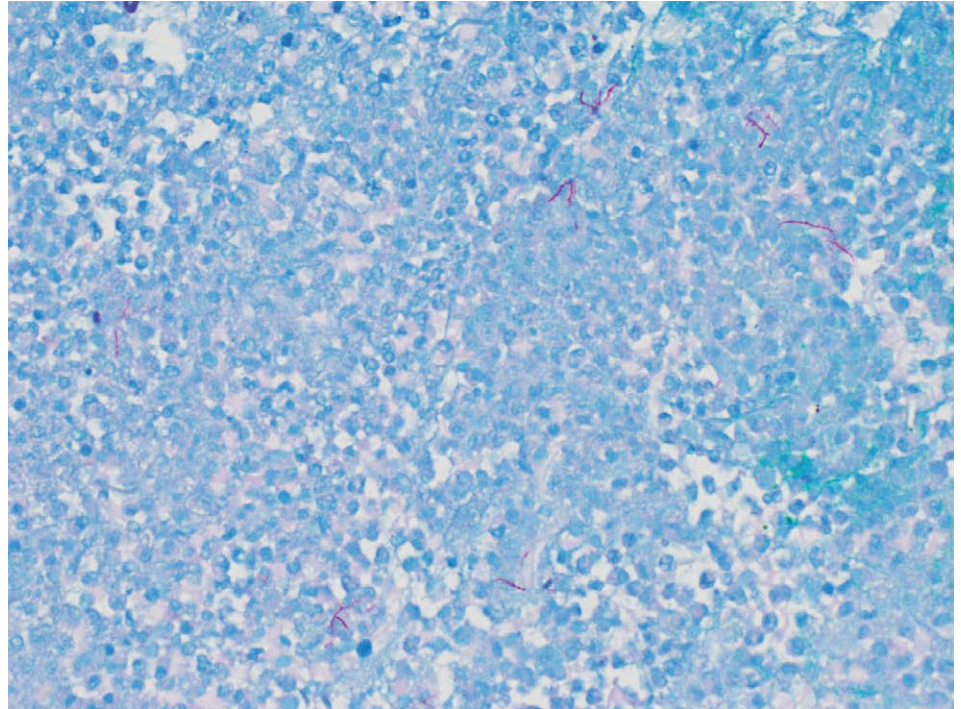


Figure 1. Axial non-contrast CT images of the chest showing a large hiatal hernia, multifocal bronchiectasis with multiple small nodules, and tree-in-bud opacities in the mid and lower lung regions. Imaging findings are varied in MAC pulmonary infections, but prominent bronchiectasis is often described.