

CONTINUING MEDICAL EDUCATION

Diagnosis at first glance: septic shock in a patient with multiple episodes of fever, abdominal pain and leg inflammation

M. J. González-Beato¹, J. M. García-Lechuz², M. J. Villanueva³

¹Dermatology, ²Clinical Microbiology and Infectious Diseases and ³Traumatology and Orthopaedic Surgery Departments, 'HGU Gregorio Marañón' Hospital, Madrid, Spain

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CASE STUDY

A 42-year-old male with chronic hepatitis B and no significant family antecedents had suffered, since the age of 14, recurrent episodes of fever, malaise, arthralgias, abdominal pain with nausea and vomiting, and cutaneous inflammation of the left leg of 2–6 days' duration. Between episodes, the patient was asymptomatic. Laboratory findings during the episodes consisted of leukocytosis with neutrophilia.

In April 2000, the patient presented with a new episode of general malaise, abdominal pain and cutaneous inflammation of the left lower limb that showed hot erythematous swelling extending from the dorsum of the foot to the hip and buttock, reaching the genitalia. Blisters developed on the knee (Figures 1–2).

Physical examination revealed a temperature of 39.5 °C, blood pressure of 80/50, tachycardia and oliguria.

Laboratory studies showed 4900 leukocytes μl with 92.1% of neutrophils. The erythrocyte sedimentation rate was 74.

C-reactive protein, serum haptoglobin and ceruloplasmin were elevated. Other determinations included CPK (912 IU/L), SGOT (323 IU/L), SGPT (297 IU/L) and LDH (734 IU/L).

Magnetic resonance imaging of the left lower limb revealed cellulitis, fasciitis and mild myositis. Lymphography of the left leg showed a lymphatic hypoplasia. Cutaneous biopsy revealed a superficial and deep, perivascular and interstitial infiltrate of neutrophils and lymphocytes in the dermis and subcutaneous fat, with subepidermal edema (Figure 4). Abdominal echography, urinalysis and immunoglobulin count were normal.

QUESTIONS

1. Is this an infectious disease?
2. Is there an underlying condition?
3. What is the therapeutic approach to this case?

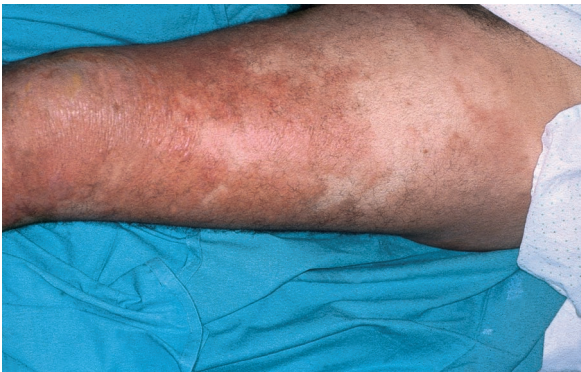


Figure 1

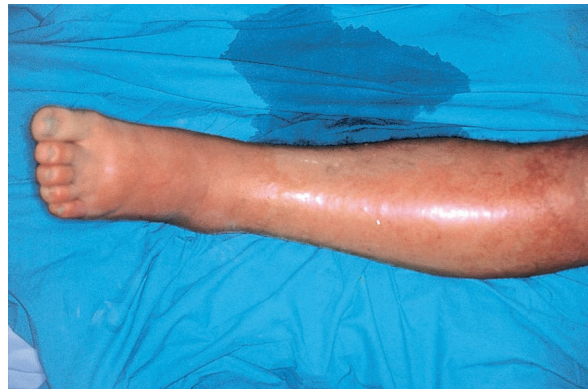


Figure 2

Corresponding author and reprint requests: M. J. Gonzalez-Beato, C/Velayos, n°2 1 °C, 28035 Madrid, Spain

Tel: +34 91 3738084

E-mail: mgbeato@yahoo.com

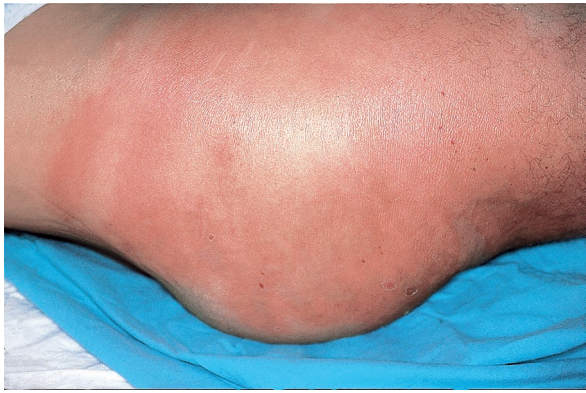


Figure 3

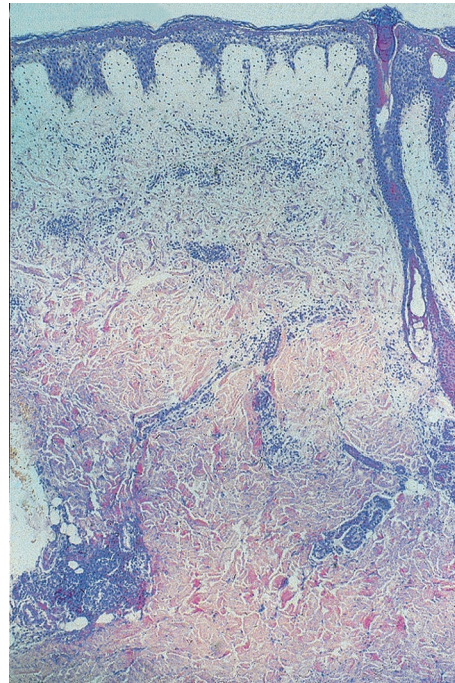


Figure 4