

Images/Instrument in dermatology/Dermatosurgery

Ecthyma gangrenosum in a healthy male

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A 45-year-old male patient presented with multiple, well-defined, circular, black-brown necrotic eschar with an erythematous halo over the bilateral shin area [Figure 1a-c], thighs, and scrotum. The lesions started as erythematous macules, which progressed into bullae and later evolved to result in necrotic eschar over the next 15 days. Histopathological examination of leg lesion revealed epidermal necrosis and ulceration with acute inflammatory infiltrate, fibrinous exudate, and bacterial colonies [Figure 2a and b]. The inflammation extended into the dermis and subcutis with associated vasculitis [Figure 2c and d]. Bacterial culture of tissue from necrotic eschar revealed *Escherichia coli* and *Enterococcus faecalis*. Based on these reports, a diagnosis of ecthyma



Figure 1: (a-c) Multiple, well-defined, circular, black-brown necrotic eschar with an erythematous halo over the bilateral shin area.

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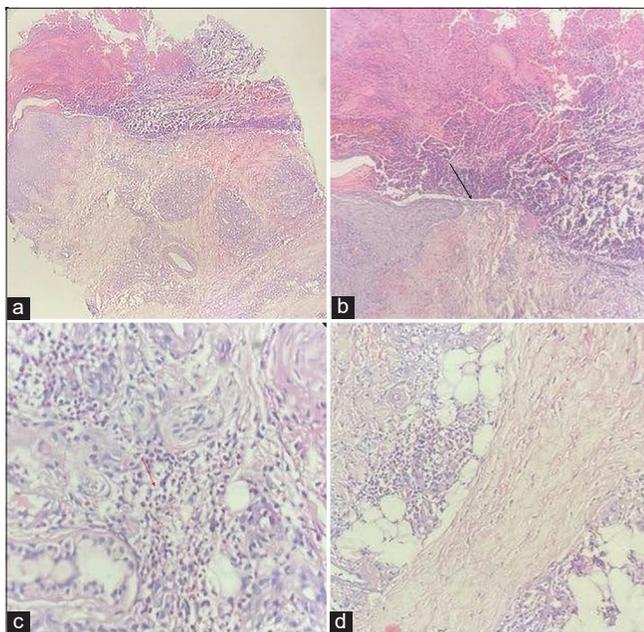


Figure 2: (a) Section shows skin with necrosis and ulceration of the epidermis, acute inflammatory exudate, fibrin, bacterial colonies, and inflammation reaching the subcutis (hematoxylin and eosin stain, $\times 40$). (b) Section shows skin with ulceration (black arrow), fibrin, and acute inflammatory (red arrow) exudate (hematoxylin and eosin stain, $\times 100$). (c) Section shows vasculitis (red arrow) (hematoxylin and eosin stain, $\times 200$). (d) Section shows acute inflammatory infiltrate in the subcutaneous fat along with vasculitis (hematoxylin and eosin stain, $\times 200$).

gangrenosum was made, and the patient was treated with intravenous piperacillin-tazobactam for 14 days with good improvement. Although, ecthyma gangrenosum is classically described as a systemic *Pseudomonas aeruginosa* infection in immunocompromised patients; it has also been reported in healthy patients. The causative agents include *Streptococcus*, *Staphylococcus*, and *Escherichia coli*. Lesions are seen over the lower extremities, anogenital area, and buttocks. Early diagnosis and appropriate antibiotic therapy are essential for treatment.

Declaration of patient consent

Patient's consent not required as patients identity is not disclosed or compromised.

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Conflicts of interest

Devinder Mohan Thappa is the Editor-In-Chief of the journal.

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