

[PICTURES IN CLINICAL MEDICINE]

Takayasu Arteritis Mimicking Phlegmon

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Picture 1.



Picture 2.

A 39-year-old Japanese man with a fever and edematous erythema without subcutaneous nodules in the bilateral feet (Picture 1) was first diagnosed with phlegmon that proved refractory to antibiotics. Laboratory tests showed an elevated white blood cell count (13,510/ μ L) and C-reactive protein level (23.9 mg/dL). Contrast-enhanced computed tomography revealed vessel wall thickening of the aorta and its multilobar branches (Picture 2). A skin biopsy revealed non-specific inflammation. He was diagnosed with Takayasu arteritis (TAK), and his condition improved with prednisolone. TAK mainly affects the aorta and its main branches, causing skin manifestations, including erythema nodosum and pyoderma gangrenosum. TAK cutaneous lesions can be misdiagnosed as phlegmon. To distinguish TAK from phlegmon, phlegmon often occurs unilaterally (1), whereas TAK cutaneous lesions often occur bilaterally (2). The risk factor for phlegmon is the presence of a fungal entry portal, whereas

TAK risk factors include Asian race. TAK should be suspected in young Asian patients with erythema on the bilateral feet.

The authors state that they have no Conflict of Interest (COI).

References

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