

Symmetrical Peripheral Gangrene: A Rare Complication of Severe Illness

A 20-year healthy girl presented with gangrene at the tips of all toes, left index, and middle fingers [Figure 1a and b]. She had history of septic shock leading to disseminated intravascular coagulation (DIC) and multi-organ failure secondary to leptospirosis one month back. Her antinuclear antibody (ANA) blot and antiphospholipid antibody (APLA) workup were negative. Arterial doppler study of all four limbs was normal. The patient was intubated and managed with intravenous fluids, antibiotics, and vasopressors.

Symmetrical peripheral gangrene (SPG) is a symmetrical gangrenous involvement of two or more extremities in the absence of

large vessel obstruction or vasculitis. It is a complication of low-flow, hypercoagulable, and vasospastic state in the setting of DIC and septic shock.^[1] The acral sites such as fingers, toes, nose, ears, and genitals are predisposed hence should be examined carefully. Suspicion and management of SPG at the initial stage of significant coldness, pallor, and acrocyanosis in patients with shock may avoid the development of gangrenous alterations and the need for amputation of digits.^[2]

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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Figure 1: Symmetrical peripheral gangrene having demarcated margins over the toes (a), left index and middle fingers (b)

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