IMAGES IN EMERGENCY MEDICINE

Infectious Disease

Purpura fulminans

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Revised: 9 March 2021

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CASE PRESENTATION

A 62-year-old man was brought to the hospital because of altered mental status associated with fever and an extensive purpuric rash 5 days after a dog bite. He rapidly became hypotensive despite fluid resuscitation, norepinephrine, and broad-spectrum antibiotic agents (cefotaxime initially then meropenem). Admission laboratory results showed disseminated intravascular coagulation and acute renal failure. Examination of a peripheral blood smear evidenced multiple extracellular and intracellular bacilli, but prolonged blood cultures remained negative despite no prior antibiotic administration (Figure 1). Transthoracic echocardiography revealed a marked reduction in left ventricular contraction. He experienced a brief cardiac arrest, which was successfully resuscitated and led us to place this patient under venoarterial extracorporeal membrane oxygenation (VA-ECMO) (Figure 2). Patient data were anonymized, and his relatives provided written consent.

DIAGNOSIS

Capnocytophaga canimorsus

Finally, 16S rRNA gene sequencing directly from blood allowed the identification of Capnocytophaga canimorsus with >98% sequence similarity. As a result of improving cardiac function, VA-ECMO was removed 5 days later, and he was weaned off of norepinephrine at day 10.

FIGURE 1 Intracellular (A) and extracellular (B) bacilli on blood smear at admission (May-Grunwald-Giemsa staining, ×1000)

and molecular tools were the cornerstones of this diagnosis. Supportive therapy with ECMO should be considered as a salvage therapy in such a situation.²

DISCUSSION Capnocytophaga canimorsus is a commensal Gram-negative rod of dog and cat saliva.¹ Bacterial diagnosis is challenging since these pathogens are fastidious facultative anaerobic bacteria. Blood smear microscopy

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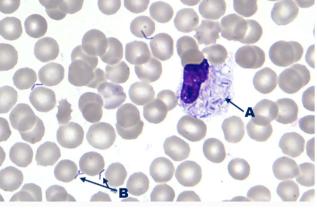






FIGURE 2 Symmetrical extensive purpura fulminans of legs and arms with emerging gangrene of fingers

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How to cite this article: Reizine F, Picard L, Piau C, Tadié J-M Purpura fulminans. JACEP Open. 2021;2:e12423. https://doi.org/10.1002/emp2.12423