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A Skin Lesion in a Patient with Neutropenia

Nötropenisi Olan Bir Hastada Cilt Lezyonu

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A 69-year-old male with chronic cyclic neutropenia presented with painful swelling on the dorsal of the left thumb. The lesion was an erythematous skin ulcer with hemorrhagic bullae and seropurulent discharge (Figure 1).

He had received several antibiotics, including amoxicillin-clavulanate, clindamycin, and ciprofloxacin, but no improvement was observed. He had previously undergone a splenectomy and received anti-tuberculosis treatment. The leukocyte count was 2700/mm^3, neutrophil count was 210/mm^3, and C-reactive protein was 68 mg/L. Piperacillin-tazobactam 3 x 4.5 grams was initiated as empirical treatment. All tests for tuberculosis were negative. A sample from the seropurulent discharge yielded methicillin-sensitive *Staphylococcus aureus*. After two weeks of treatment, the lesion had completely regressed, leaving a scar (Figure 2).

Cutaneous lesions are common in immunocompromised patients. Neutropenia is a factor that predisposes to mycobacterial, fungal, bacterial and viral infections[1]. These lesions are usually signs of localized or disseminated disease and can be severe in neutropenic patients, often presenting atypically[2]. Long-term antibiotics, with initial intravenous administration, may be necessary for complete resolution.

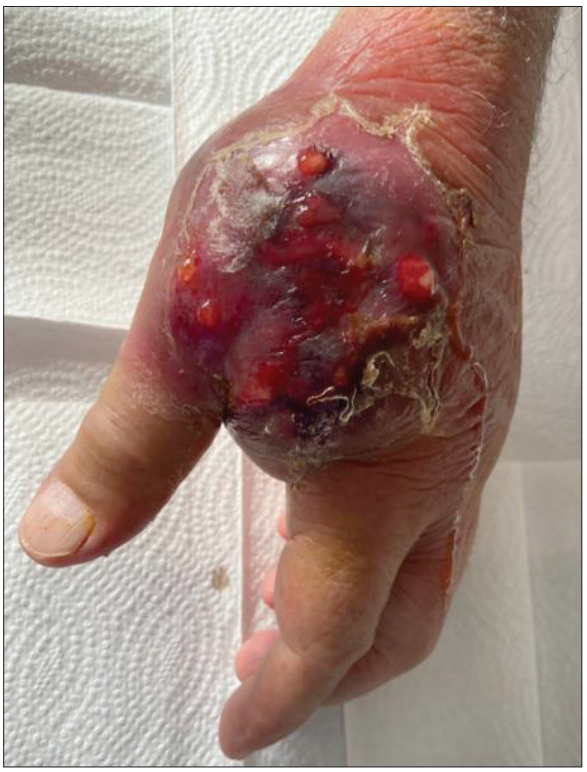

Figure 1. The lesion showing an erythematous skin ulcer with hemorrhagic bullae and seropurulent discharge.

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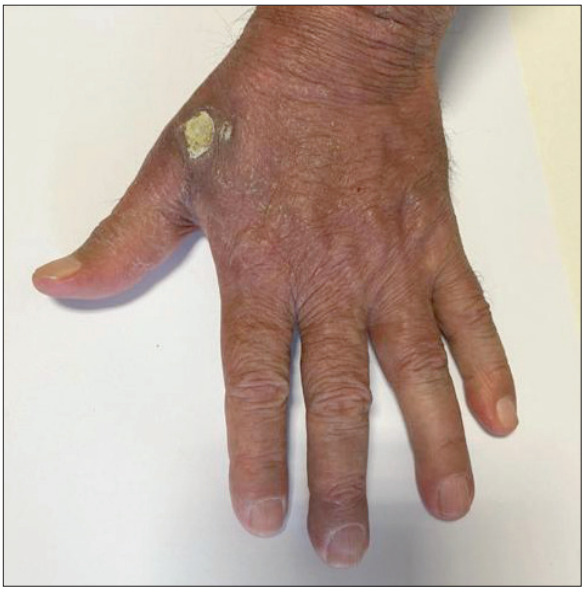

Figure 2. Macrospic appearance of the lesion after completion of antibiotic treatment.

CONFLICT of INTEREST

The authors have no conflicts of interest to declare that are relevant to the content of this article.

AUTHORSHIP CONTRIBUTIONS

Concept and Design: AK

Analysis/Interpretation: AK, ÜK

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Writing: AK, BB

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