

CASE REPORT

Subcutaneous Abscesses Presenting as Erythema Nodosum

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Abstract

Erythema nodosum is the most common cause of inflammatory nodules secondary to septal panniculitis in the body. It may be observed as an isolated finding or in the context of a systemic disorder. We described herein a young lady with EN- like lesions on her shins finally diagnosed as gram-positive cocci multiloculated subcutaneous abscesses.

Key words: Erythema nodosum, abscess, mimicker, cellulitis, shin, panniculitis.

INTRODUCTION

Erythema nodosum (EN), the most common type of septal panniculitis, usually presents as an acute painful nodular erythematous or violaceous eruption located predominantly over the extensor aspects of the lower extremities and resolves without atrophy or scarring. Although it is idiopathic in most cases, there are some possible etiologies for erythema nodosum such as granulomatous infections, autoimmune diseases such as sarcoidosis, drugs, pregnancy, inflammatory bowel disease, or cancer.¹

Several conditions can be misdiagnosed as EN. Superficial thrombophlebitis, cutaneous B-cell lymphoma, erythema nodosum leprosum, cutaneous polyarteritis nodosa and erythema induratum of Bazin are the most common conditions which should be considered as differential diagnoses of EN.² Subcutaneous abscesses are less reported as differential in this regard. A histopathological investigation is warranted in atypical presentation or for ruling out competing diagnoses.

Herein we describe a young lady with lookalike EN finally diagnosed as multiloculated subcutaneous abscesses.

CASE REPORT

A 35 year-old woman with chief complaint of painful lesion in the anterior aspect of her right shin from weeks ago referred to our center. She did not have any systemic or focal complaints and her past medical history for any systemic disease was

unremarkable. She was receiving low dose systemic glucocorticoids with initial clinical diagnosis of idiopathic erythema nodosum.

Since the response was not significant, detailed examination was performed for diagnostic clues, so that we found painful shiny reddish-violaceous plaques with some fluctuations on her shin. Then with clinical impression of subcutaneous abscess, we requested an ultrasonic examination. Ultrasonic examination showed multi-loculated cystic lesions in anterior aspect of her shin (Figure 1). Percutaneous aspiration of the lesions proved subcutaneous bacterial abscesses with gram positive cocci. Careful history-taking disclosed inadvertent vigorous upward skin shaving was the causative agent. Intravenous administration of antibiotic against staphylococci aureus and drainage resulted in successful clinical improvement within 6-7 days.



Figure 1 Erythematous tender lesions in front of the shins.

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DISCUSSION

This is the first reported case of skin abscess presenting as bilateral EN-like lesions. Erythema nodosum is the most common cause of inflammatory nodules in the body³. It may be presented as an isolated finding or in the context of a systemic disorder. EN is classically presented with symptoms of fever, fatigue, malaise, arthralgia in setting of sarcoidosis or chronic granulomatous infections. A careful drug history should be taken in any case of EN. Penicillin and sulfa derivatives along with oral contraceptive pills are among the most common culprit agents. EN commonly resolves spontaneously in 3–6 weeks, but lesions may persist and frequently relapse. EN is defined as a prototype of panniculitis. Inflammation of hypodermis (panniculitis) is classified as septal and lobular subtypes. The most common type of septal panniculitis is EN. Apart from drug-induced, infectious or para-neoplastic EN, almost all other types of EN respond to glucocorticoid agents.

Intravascular large B-cell lymphoma,⁴ cellulitis⁵ and soft tissue sarcoma,⁶ myelodysplastic syndromes⁷ and disseminated cryptococcosis⁸ were reported as EN-like lesions in some case reports, but based on our search we did not find any case report addressing subcutaneous abscess misdiagnosed as EN. However abscess is readily distinguishable from EN in most instances, but neutrophilic infiltrates in the septa of the subcutaneous fat which is known as the characteristic pathologic features of EN could be seen in cutaneous abscess as well [9]. Such clinical features as pain, erythema and warmth can be found in both conditions.

CONCLUSION

Careful history of recent inadvertent shaving is emphasized before making the diagnosis of EN.

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