Psoriatic erythroderma-induced septicaemia causing Janeway lesions

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DESCRIPTION

A 70-year-old Japanese man with a 10-year history of psoriasis vulgaris was treated with topical steroids and vitamin D₃. In 3 days, general malaise and persistent fever developed. He had no contact with sick persons, trauma, new medication or overseas travel history. His scalp and extremities showed erythema with scales, without itching, indicating psoriatic erythroderma. His palms and soles had non-tender bluish-red spots (figures 1 and 2), and subconjunctival haemorrhage was observed. No murmur was heard on auscultation. Neither an infection source nor endocardial vegetation was observed on imaging studies. Laboratory tests showed severe inflammation (C reactive protein, 385.7 mg/L; procalcitonin 64.61 ng/mL (normal range <0.05 ng/mL)). Methicillin-sensitive *Staphylococcus aureus* (MSSA) was isolated from three blood culture sets. Clinical, laboratory, CT and blood culture data supported a diagnosis of psoriatic erythroderma-induced MSSA septicaemia causing Janeway lesions. Treatment with intravenous fluids, antipyretics and cefazolin for 4 weeks, according to the treatment regimen for infective endocarditis, was successful. The Janeway lesions gradually disappeared 10 days after admission.

Janeway lesions are non-tender, erythematous, or haemorrhagic macular or nodular lesions that appear on the palms or soles.¹ They are commonly seen in acute endocarditis; other causes are extremely rare.² To the best of our knowledge, this is the first reported case of psoriatic erythroderma-induced MSSA septicaemia causing

Figure 2 Flat, painless, red to bluish-red spots on the little toe.

Janeway lesions. Pathologically, the lesions are dermal microabscesses with small vessel thrombosis but no vasculitis.³ In this case, massive microbial invasion through the skin may have caused septic emboli that deposited bacteria, resulting in microabscess formation.

Learning points

- ▶ Psoriatic erythroderma-induced methicillin-sensitive *Staphylococcus aureus* septicaemia may cause Janeway lesions.
- ▶ Massive microbial invasion through the skin may cause septic emboli.
- ▶ Janeway lesions are commonly seen in acute endocarditis, but there are other causes as well.

Contributors MY and RI contributed to patient management, and to writing the manuscript.

Competing interests None.

Patient consent Obtained.

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Figure 1 Flat, painless, red to bluish-red spots on the fourth finger.

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