

# Extensive Purpura and Necrosis of the Leg

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A 57-year-old woman presented with expanding purpura on the left leg of 2 weeks' duration following a recent hematopoietic stem cell transplant for refractory diffuse large B-cell lymphoma. Prior to dermatologic consultation, the patient had been hospitalized for 2 months following the transplant due to *Clostridium difficile* colitis, *Enterococcus faecium* bacteremia, cardiac arrest, delayed engraftment with pancytopenia, and atypical hemolytic uremic syndrome with acute renal failure

requiring hemodialysis and treatment with eculizumab. Her care team in the hospital initially noticed a small purpuric lesion on the posterior aspect of the left knee. The patient subsequently developed persistent fevers and expansion of the lesion, which prompted consultation of the dermatology service. Physical examination revealed a 22×10-cm, rectangular, indurated, purpuric plaque with central dusky, violaceous to black necrosis with superficial skin sloughing and peripheral dusky erythema extending from the inner thigh to the lower leg. The left distal leg felt cool, and both dorsalis pedis and posterior tibial pulses were absent. Laboratory test results revealed neutropenia and thrombocytopenia (white blood cell count,  $0.2 \times 10^3/\text{mm}^3$  [reference range,  $5\text{--}10 \times 10^3/\text{mm}^3$ ]; hematocrit, 23.2% [reference range, 41%–50%]; platelet count,  $105 \times 10^3/\mu\text{L}$  [reference range,  $150\text{--}350 \times 10^3/\mu\text{L}$ ]). A punch biopsy was performed.

## WHAT'S THE DIAGNOSIS?

- disseminated aspergillosis
- disseminated intravascular coagulation
- disseminated mucormycosis
- purpura fulminans
- pyoderma gangrenosum

PLEASE TURN TO **PAGE E2** FOR THE DIAGNOSIS

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The authors report no conflict of interest.

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