

Purpuric Rash of Meningococemia

Vanessa London

Paul Aronowitz

Internal Medicine, California Pacific Medical Center, San Francisco, California

A previously healthy 62-year-old man presented to the emergency department with 4 days of headache, fever, and chills. Within several hours of presentation, he developed septic shock. His temperature was 39°C, and his white blood count was 17,000/mm³ with 38% bands. He had acute renal failure (creatinine = 2.5) and mild mental status changes. His blood pressure decreased from 103/63 to 71/46 and was not responsive to intravenous fluid administration. He therefore was begun on pressors. Eight hours after arrival, a petechial and purpuric rash suddenly appeared on the patient's extremities, including the palms of his hands (Fig. 1). Ceftriaxone was added to his initial antibiotics (vancomycin and piperacillin-tazobactam), and he was treated with stress-dose hydrocortisone and activated drotrecogin alpha. The following day, blood cultures grew gram-nega-

tive diplococci in pairs, and preventive measures were taken, including treating close contacts and placing the patient under droplet precautions. The cultures eventually confirmed *Neisseria meningitidis*. The patient made excellent progress—his mental status improved, he was weaned off pressors after 3 days, and his renal failure resolved. Figure 2 demonstrates the evolution of the purpuric lesions, which became more prominent as he otherwise made clinical improvement. He was discharged home after 2 weeks of intravenous ceftriaxone in good condition.

Address for correspondence and reprint requests: Vanessa London, 19523 Ballinger St., Northridge, CA 91324.

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FIGURE 1. Day of admission.



FIGURE 2. Hospital day 7.