

An Anthrax Case Which Generates as Skin Lesion and Leads to Sepsis

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Clinical Image

Anthrax is a zoonotic infection caused by *Bacillus anthracis*. Although the incidence of the disease is decreasing in our country, it is still endemic in certain regions of the country. The cutaneous form of disease is the most common clinical form, which is usually benign and rarely causes bacteriemia and sepsis. In this case report, a cutaneous anthrax case with positive blood and wound samples that complicated with sepsis is presented. A 39-years-old male patient living in Kars (Eastern Turkey) admitted with systemic fever, chills and a local hyperemic wound on the right arm. In his medical history the patient stated an insect (fly) bite three days ago and consequent development of a lesion on his right arm. He also stated that he had slaughtered a lamb 10 days ago by himself. On admission the patient was detected to have a 3-4 cm centrally necrotic and peripherally edematous wound confined to right forehead (Figure 1).



Figure 1: The patient's skin lesions on admission.



Figure 2: The patient's lesions on the second day of treatment.

There was also fever, hyperemia and general edema confined to right arm up to the shoulder level. With the preliminary diagnosis of cutaneous anthrax, the patient was hospitalized and ampicillin sulbactam therapy was started but due to progression of the lesion and clinical deterioration the treatment was changed to piperacillin tazobactam and clindamycin. The swab samples from the wound were sent to laboratory and revealed gram positive sporulated bacilli and following blood cultures were also positive for growth.

The agent pathogen was identified as *B. anthracis* by gram stains from wound samples and blood cultures which was susceptible to penicillin. Due to poor clinical course, widespread and necrotic lesions on his arm the patient was sent to an upper medical center. As a conclusion this case report reminds need of high attention to clinical course of cutaneous anthrax in order to avoid severe complications such as sepsis (Figure 2).



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