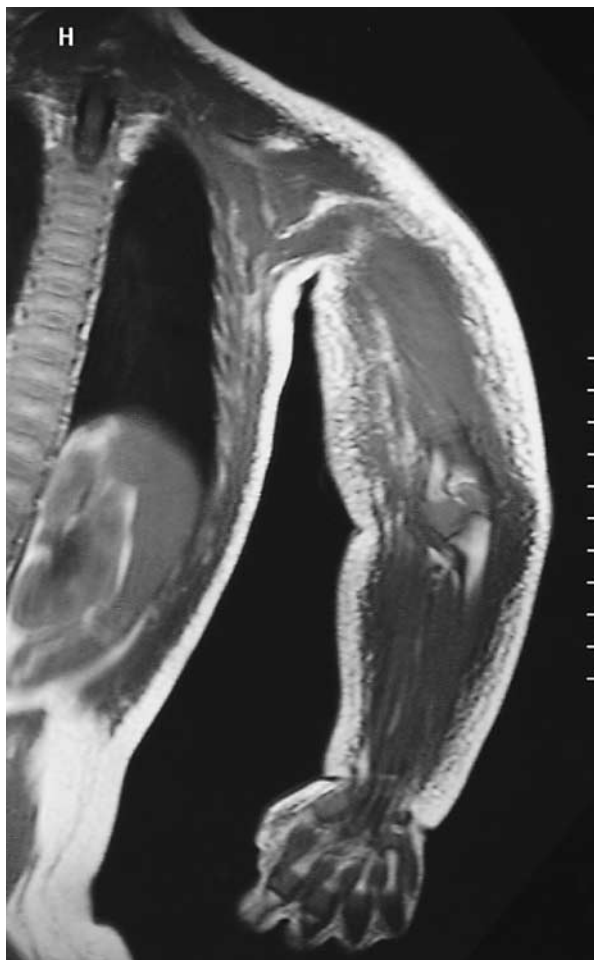




## Images in Clinical Medicine



A



B

### *Cutaneous Anthrax Infection*

A seven-month-old male infant was hospitalized with a two-day history of swelling of the left arm and a weeping lesion at the left elbow (Panel A). The patient was afebrile but had a 2-cm open sore, with surrounding erythema and induration, that oozed clear yellow fluid. There was nontender swelling and erythema of the entire arm. The white-cell count was 28,100 per cubic millimeter. Incision and drainage of the lesion produced 10 ml of dark red fluid. A coronal, T<sub>1</sub>-weighted sequence from a magnetic resonance imaging study (Panel B) demonstrated diffuse, severe edema of the subcutaneous tissues extending from the shoulder to the hand. The working diagnosis was *Loxosceles reclusa* spider bite with superimposed cellulitis. The child was treated with ampicillin-sulbactam and clindamycin. He had been at his mother's office at a television network three days before admission, two weeks after the destruction of the World Trade Center in New York. After anthrax exposure was reported at another television network, two punch biopsies of the lesion were performed. Polymerase chain reaction and immunostaining for *Bacillus anthracis* were positive. The patient was discharged in stable condition.

KEVIN JOSEPH ROCHE, M.D.  
 MARY WU CHANG, M.D.  
 HERBERT LAZARUS, M.D.  
 New York University Medical Center  
 New York, NY 10016

Because of current health concern, this article was published at [www.nejm.org](http://www.nejm.org) on November 6, 2001.

Copyright © 2001 Massachusetts Medical Society.