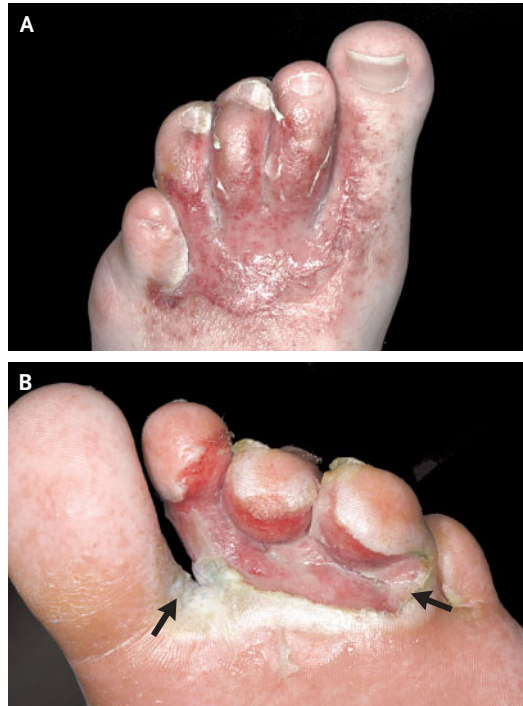


IMAGES IN CLINICAL MEDICINE

Pseudomonas Cellulitis



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A HEALTHY 42-YEAR-OLD MAN PRESENTED WITH A BROAD ERODED, ULCERATED lesion on the left foot, which had developed over the previous month. His new job required that he wear boots, which caused his feet to perspire. Toe-web scale accumulated and became moist. Erythema and vesicles appeared in the webs and then extended onto the dorsum. Itching became intense. The patient applied a moderately strong topical steroid, which provided temporary relief, but then the eruption became painful and much more extensive.

Examination showed an ulcerated area on the dorsal (Panel A) and plantar surfaces. The skin around the erosions was stained green (Panel B, arrows). A culture was positive for *Pseudomonas aeruginosa*. The patient was treated with acetic acid (diluted vinegar) in wet compresses, ciclesonide in a topical suspension, and levofloxacin, administered orally, for 10 days. All areas had healed four weeks later, at which time the patient was able to return to work. The importance of keeping his feet dry when wearing boots was reinforced.

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