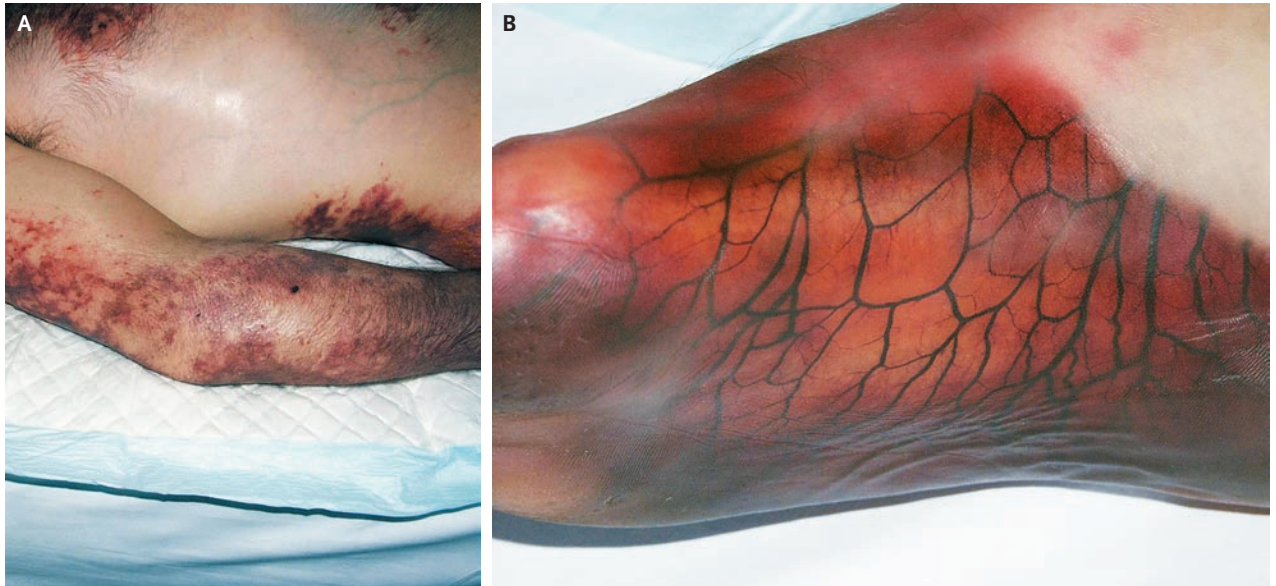


## IMAGES IN CLINICAL MEDICINE

## Retiform Purpura



**A** RAPIDLY SPREADING, PAINFUL RASH AND CONFUSION DEVELOPED IN A 46-year-old male patient with a history of chronic alcoholism. On physical examination, he was febrile and hypotensive and had a purpuric rash (Panel A). Laboratory evaluation revealed disseminated intravascular coagulation, acute renal failure, and rhabdomyolysis. *Capnocytophaga canimorsus* was isolated from blood cultures and cerebrospinal fluid. His purpuric skin eruption displayed a netlike pattern referred to as retiform. Retiform purpura is an indication of an acute thrombotic vasculopathy. If acute and rapidly progressive in a febrile patient, it suggests purpura fulminans. In this patient, the thrombosed veins of the deep and superficial cutaneous plexus became apparent on the soles of the feet (Panel B, photograph taken 4 days after admission), thus providing a visible example of the vasculopathy called retiform. The patient was treated with broad-spectrum antibiotics, vasopressive drugs, and recombinant human activated protein C. Despite these aggressive supportive therapies, he died on the 15th day of hospitalization.

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