

# PERIANAL STREPTOCOCCAL ECTHYMA

Dated November, 2007

## HISTORY

- 34 year old MSM
- Known HIV positive, but untreated – reluctant to take medications. CD4 65!
- Presented with 3-4 days severe anal pain and penile rash.
- Last prior sexual contact 3 weeks previously – hand and mutual penile contact only.

## EXAMINATION



- Also mentioned that he had a penile rash:



## CLINICAL COURSE

### Day 0

- Assessed as possible herpes, despite lack of convincing epidemiology.
- Treated with valaciclovir and topical lignocaine.

### Day 4

- Returned, pain worse than ever.
- No improvement clinically.
- Perianal ulcers persisted unchanged.
- Penile lesions slightly crusted.
- Tests for herpesviruses, gonorrhoea, chlamydia and syphilis negative!
- Reassessed as possible bacterial infection.
- Gram stain showed numerous mixed bacteria.
- Herpesvirus tests repeated.
- Started on Amoxicillin/clavulanate pending culture results.

### Day 7

- Dramatic improvement in pain and general wellbeing.
- Perianal ulcers greatly improved.
- Penile lesions developed into small healing ulcers.
- Repeat herpesvirus tests negative.
- *Heavy growth of Group C Streptococcus on culture.*
- Amoxicillin/clavulanate continued for total of 14 days.

## FOLLOW-UP

- Subsequent healing uneventful
- Eventually agreed to start antiretroviral therapy and primary PCP prophylaxis

## DIAGNOSIS

Group C streptococcal ecthyma in HIV-immunocompromised patient

## THE LESSON

Ecthyma is a skin infection, usually caused by *Streptococcus pyogenes*, but also by other beta-haemolytic streptococci and *Staphylococcus aureus*.

It is similar to impetigo, but differs in that the infection is not superficial but invades deeper into the epidermis. A differentiating clinical characteristic is that ulcers, rather than erythema, are seen when crusts are removed.

It is associated with immunodeficiency of varying causes, eg neutropaenia, diabetes and HIV infection.