

Lymphangitis and scarlet fever after finger injury from a computer game

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Case report

A 20-YEAR-OLD man injured the cuticle of the middle finger of his left hand while depressing keys on a computer game. The lesion became inflamed and the dorsum of his hand red, with lines spreading up his forearm. He was started on erythromycin and there appeared to be steady improvement. However, two weeks later he developed fever, sore throat and a rash. After starting treatment with phenoxymethylpenicillin he was admitted to hospital. Examination revealed a fine macular erythematous rash involving the trunk, legs and face. A marked erythematous rash was also present along lymphatics of his left arm; he had axillary lymphadenopathy and there was residual evidence of the soft tissue finger



Figure 1. Middle finger of the left hand — site of the primary infection.



Figure 2. Erythematous rash on the patient's left arm.

infection (Figures 1 and 2). The patient's pharynx was inflamed, with pus on the tonsils.

Investigations showed a total white cell count of 8.6×10^9 litre⁻¹, with 80 per cent polymorphonuclear cells and 13 per cent eosinophils. Throat and skin swabs grew no pathogens. Serology for rubella and Epstein Barr infection were negative, and antistreptolysin-O titres were raised but not to diagnostic levels.

Ten days later the skin on the patient's trunk and hands desquamated.

Comment

At the time this patient presented in February 1984, scarlet fever (scarlatina) was prevalent in Scotland. Eosinophilia is a well-recognized feature of scarlet fever, and the lymphangitis and desquamation were suggestive of streptococcal infection. It is possible that the tonsillitis was secondary to spread into the blood stream from the arm rather than being contracted through the respiratory tract. No growth from bacteriological swabs was likely to have been due to the previous administration of antibiotics.

Serious illness caused by *Streptococcus pyogenes* is regularly reported to the Communicable Diseases Surveillance units in Britain. In addition to scarlet fever, cardiac, renal and dermatological complications of streptococcal infection may be becoming more common — perhaps this is due to more limited use of antibiotics in pharyngitis. In any event, this organism continues to warrant respect.

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