An Osler’s Node and a Janeway Lesion

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A 27-year-old man was admitted to our hospital for a high-grade fever, consciousness disturbance and thrombocytopenia. On admission, laboratory examinations showed peripheral blood leukocyte count (8,000/μL) with a left shift of the granulocytic series and elevated serum C-reactive protein (20 mg/dL), suggesting the presence of the systemic inflammation. The platelet count decreased to 24,000/μL in combination with disseminated intravascular coagulopathy. Magnetic resonance imaging (MRI) of the brain revealed the presence of multiple cerebral infarctions although he had no risk factors of arteriosclerotic changes.

Physical examination revealed multiple petechiae on the...
trunk and all four extremities. In addition, small purplish nodules were palpable on the pads of the second finger and the fifth toe (Picture1-A). The purplish areas were tender to palpation. On the palm of his left hand, faint-red lesions with painless, macular, hemorrhagic manifestations were observed (Picture1-B). Biopsy was performed on the skin lesion in the pad of the fifth toe. Histological findings showed microvascular septic emboli along with infiltration of inflammatory cells, which is compatible with the histological findings of Osler’s node (Picture1-C). On the other hand, skin lesion on the palm of his left hand was clinically considered to be a Janeway lesion. Three sets of blood cultures grew *Staphylococcus aureus* within 24 hours (Picture1-D). A regurgitant murmur was not ausculated, but transthoracic echocardiography confirmed an oscillating mass on the anterior mitral valve suggestive of vegetation. He was diagnosed as infective endocarditis and received intravenous administration of vancomycin.

Osler’s nodes and Janeway lesions are well known but rare skin manifestations which appeared in 5%-15% patients with infective endocarditis. Janeway lesions are painless, macular, hemorrhagic lesions of long-term duration that occur on the palms or the soles, whereas Osler’s nodes are small, painful, nodular lesions usually found in the pads of fingers or toes. The different clinical pictures between Osler’s nodes and Janeway lesions seem to be based on whether they develop vasculitis (Osler’s nodes) or not (Janeway lesions).

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