Purpura Fulminans due to *Enterobacter cloacae*

Daisuke Taniyama\(^1,2\) and Keisuke Miyamoto\(^1,3\)

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A 79-year-old Japanese woman with metastatic lung adenocarcinoma, was admitted for an evaluation of progressively worsening left lower extremity pain and purpura. Her lung cancer was complicated by radiation pneumonitis; therefore, she had been on glucocorticoid therapy for several months prior to this admission.

The physical examination was remarkable for purpura on the left lower extremity (Picture 1, 2). She was diagnosed with purpura fulminans (PF) by a skin biopsy (Picture 3). Additionally, skin and blood cultures grew *E. cloacae*, which was suggestive of a pathogen of PF. The patient was considered to be in an immunocompromised state given the prolonged course of glucocorticoid therapy in the setting of incurable lung cancer on palliative chemotherapies, which may have contributed to the occurrence of septicemia, thus resulting in the development of PF.

PF is a rare condition characterized by the abrupt onset of a cutaneous hemorrhage (1). The most common pathogens of PF in Japan are *Streptococcus pneumoniae* (41.3%), followed by *Neisseria meningitidis* (15.2%) (2). To the best of our knowledge, this is the first reported case of PF caused by *E. cloacae*.

The authors state that they have no Conflict of Interest (COI).

**References**

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\(^1\)Department of Respirology, Tokyo Saiseikai Central Hospital, Japan, \(^2\)Department of General Internal Medicine, Saiseikai Tobu Hospital, Japan and \(^3\)Department of Internal Medicine, University of Hawaii, USA

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Correspondence to Dr. Daisuke Taniyama, daisuketaniyama@gmail.com