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IMAGE QUIZ

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A Rapidly Progressing Wound, A Mistaken Identity

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Case Presentation

A 42-year-old lady, with a prior diagnosis of Ulcerative Colitis, presented a painful ulcerative necrotic plaque on the left anterior shin for the past one week. Initially, she developed single painless papule on the anterior shin and treated as folliculitis. Oral Augmentin was initiated, and despite providing treatment with oral antibiotics for one week, the lesion progressed rapidly to an abscess which subsequently became necrotic centrally (Figure 1). She was then presented to the emergency department, febrile (38 °C) with otherwise stable vitals. Blood work showed leucocytosis and anaemia (white blood cell count of 16 x 10^9/L, haemoglobin 100g/L). She was admitted to the ward for iv antibiotics and close monitoring. After a few days in the ward, the lesion turned into a larger, deeper ulcerated wound with undermined violaceous border. There was also seropurulent discharge from the wound (Figure 2), and it was extremely painful.

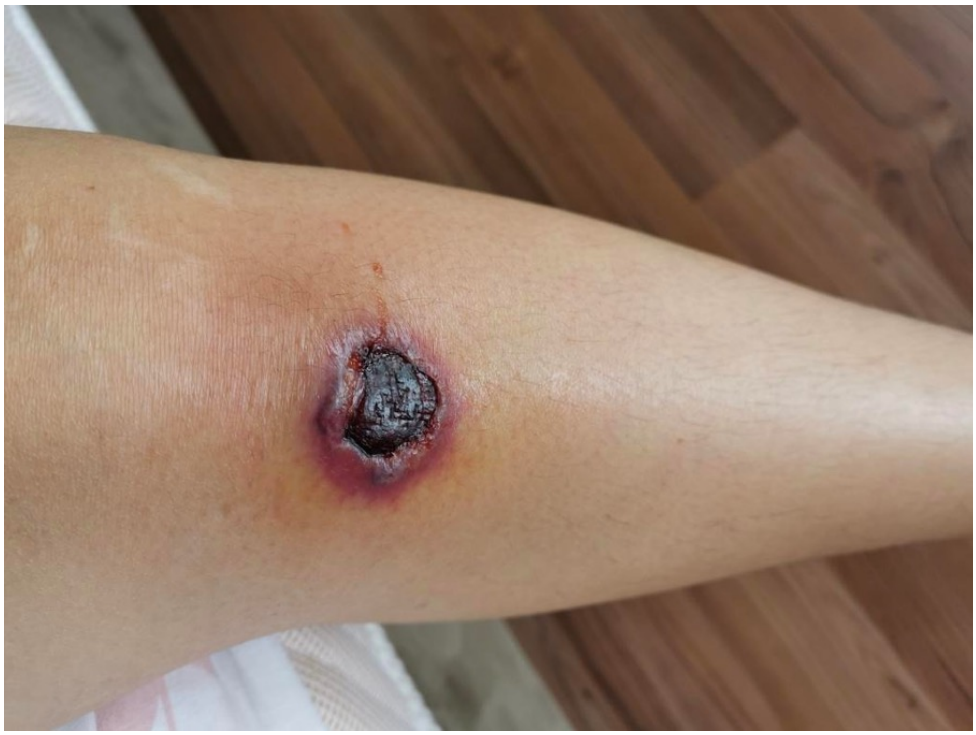

Figure 1 Necrotic ulcer with a well define undermined border surrounded by halo erythema

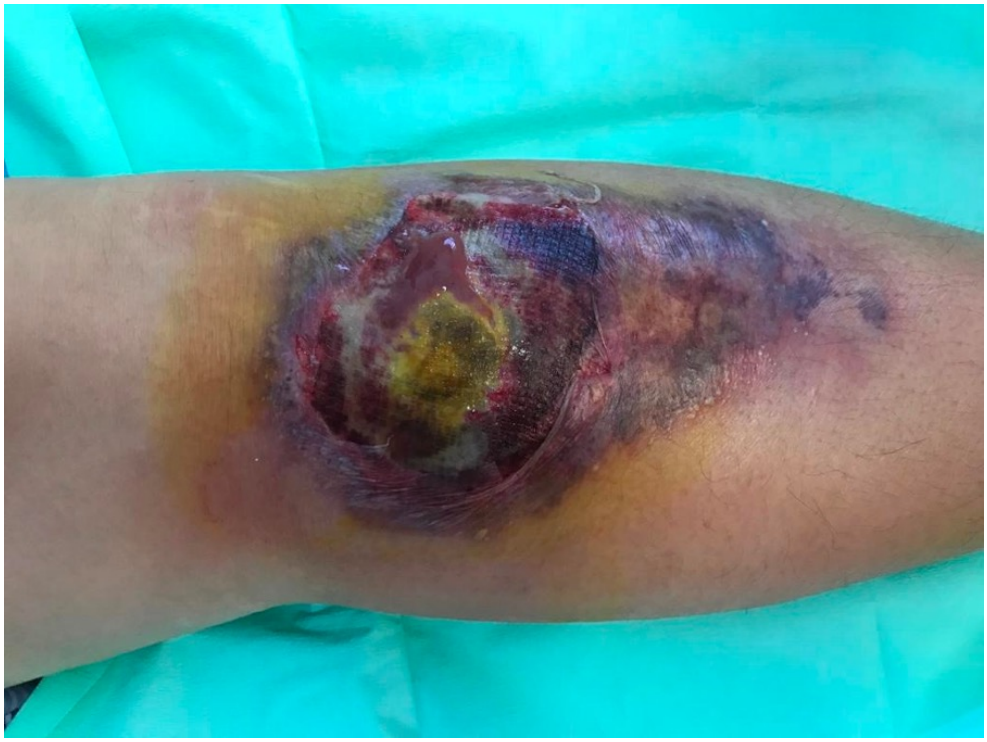

Figure 2 Dark red and purplish inflammatory, ulcerative lesion with irregular borders and a granular necrotic base with mottled with small abscesses.

Based on the clinical presentation, what is the most likely diagnosis for the patient?

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