

# Ascending upper limb lymphangitis

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## DESCRIPTION

A 7-year-old boy presented with ascending erythema of his left hand with erythematous extension to his axilla. At presentation, the boy was afebrile, well appearing and complained of itching and swelling of the hand, which started the evening prior. On examination, there were two insect bite marks on the index finger with erythematous, non-tender swelling inclusive of the index, middle fingers and dorsum of



**Figure 2** Ascending track of erythema originating from the index finger affecting the lymphatic system of the upper limb.

the hand with extension via a superficial fine erythematous line from the wrist to the axilla via the cubital fossa (figures 1 and 2). A clinical diagnosis of lymphangitis was made. Treatment was commenced with flucloxacillin and immobilisation. Twenty-four hours later, the erythema had faded substantially. Lymphangitis is inflammation of the lymphatic channels that occur as a result of infection at a site distal to the channel and may spread within hours. Group A beta-haemolytic streptococci are the most common causes of bacterial lymphangitis and, in severe cases, can lead to bacteraemia, sepsis and death.<sup>1</sup> He had no complication or reoccurrence.

## Learning points

- ▶ Minor lesions can result in impressive cutaneous findings.
- ▶ Do not forget to immobilise the affected limb.

**Contributors** LS was the treating physician, obtained photos and parent consent and drafted the vignette. MJB contributed significantly to the manuscript.

**Competing interests** None declared.

**Patient consent** Guardian consent obtained.

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## REFERENCE

- 1 Yamamoto LG. Treatment of skin and soft tissue infections. *Pediatr Emerg Care* 2017;33:49–55. Review.



**Figure 1** At the bedside: oedematous left index finger with two insect bites. Erythema tracking proximally.



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