Cutaneous microembolism: a close mimic of Janeway's lesion

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DESCRIPTION

A 35-year-old woman presented with breathlessness and palpitations for 1 year. She had an irregular pulse and a mid-diastolic rumbling murmur on auscultation. There were non-tender, small (2–4 mm in diameter) haemorrhagic macular lesions on her both soles (figure 1). A transthoracic echocardiography showed severe mitral stenosis and mitral regurgitation suggestive of rheumatic heart disease. There was a large clot in the left atrium but no vegetations suggestive of infective endocarditis (IE). Serial blood cultures were sterile. Her coagulation screen was normal. Skin biopsy was done which showed evidence of dermal infiltrate of lymphocytes and histiocytes along with vascular thrombosis—suggestive of cutaneous microembolism, likely from the intracardiac thrombus.

Janeway's lesions are painless, macular, haemorrhagic lesions occurring most commonly on the palmar surface of the hands and feet. Histopathological examination usually reveals perivascular infiltrate of neutrophils and endothelial swelling¹ and dermal

Patient's perspective

When I had fever and spots on the skin, my doctor said that I was probably having infection of the heart valves, which might require long-term IV drugs and even surgery. However after proper evaluation it was proved to be due to showering of clots from my heart. These spots decreased after blood thinning agents. It was such a relief to me that it was not as serious as I feared initially.

Learning points

- ▶ Cutaneous microembolism may be a close mimic of Janeway's lesion.
- ▶ Besides intracardiac thrombus, cutaneous microembolism may be found in other diseases like systemic lupus erythematosus, leucocytoclastic vasculitis, haemolytic anaemia and gonococemia.²

Figure 1 Patient of rheumatic heart disease with intracardiac thrombus showing small haemorrhagic macular lesions on both soles looking like Janeway's lesions

microabscesses without evidence of vasculitis and thrombosis of the small vessels.² Similar to Janeway's lesion, cutaneous microembolism may present with non-tender erythematous lesions over fingers and toes in patients with rheumatic heart disease. Besides intracardiac thrombus, cutaneous microembolism may be found in systemic lupus erythematosus, leucocytoclastic vasculitis, haemolytic anaemia and gonococemia.³ Absence of other features of IE, evidence of a source of emboli and finally a skin biopsy may help in differentiating these two entities. Cutaneous microembolism should be considered as a close differential diagnosis of Janeway's lesion.

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