Rat bite ulcer in an insensate foot

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DESCRIPTION

A 60-year-old man, a known case of type 2 diabetes mellitus for the past 20 years noticed sudden development of an ulcer on the plantar aspect of both

great toes on waking up in the morning. The patient had examined his feet the previous night and it was free from any fissures, callosities or ulcers. There was no previous history of diabetic foot ulcer. The ulcer on right great toe was 3×2 cm, and on left great toe 1.5×1 cm, bright red, bleeding from the base with irregular see-saw margins suggestive of gnawing by a rat (figure 1A, B). The patient was on basal-bolus insulin therapy and oral hypoglycaemic agents with glycosylated haemoglobin of 9.4%, suggestive of poor glycaemic control. On examination, he had severe sensory neuropathy as evidenced by loss of pain and touch sensations up to the knee joint, absent ankle reflex, positive Semmes-Weinstein 10 g monofilament test and vibration perception threshold of >50 mV(N <25) on biothesiometry. All the peripheral pulses were palpable and the ankle-brachial index was 1.1 in both feet. He was treated with tetanus toxoid injection, cleaning and dressing and oral coamoxiclav.

Rat bite ulcers are not uncommon in patients with insensate foot, but often a misdiagnosed cause of foot ulcers. A history of sudden onset, painless fresh ulcers over digits in a setting of severe sensory neuropathy should raise a suspicion of rat bite as a possible cause.¹

Figure 1 (A) Ulcer on right great toe (size 3×2 cm) which is bright red with irregular see-saw margins suggestive of gnawing by rat. (B) Ulcer on left great toe (size 1.5×1 cm) with irregular see-saw margins.

Learning points

- ▶ Rat bite ulcers are not uncommon in patients with insensate foot, but often a misdiagnosed cause of foot ulcers.
- ▶ A history of sudden onset, painless fresh ulcers over digits in a setting of severe sensory neuropathy should raise a suspicion of rat bite as a possible cause.

Contributors KDJ prepared the manuscript and managed the patient. SS edited the manuscript and helped in patient management. AB identified the case and guided the clinical management.

Competing interests None declared.

Patient consent Obtained.

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