A 27-year-old woman was admitted to the Intensive Care with septic shock after recent intensive chemotherapy for chronic myelomonocytic leukaemia. She was extremely granulocytopenic (leucocytes < 0.1 x 10^9/liter). As stool cultures were positive for Candida tropicalis, she was treated with broad spectrum antibiotics and with fluconazole. On physical examination she was seen to have conspicuous multiple, circular, erythematous skin lesions of approximately 5 millimetres in diameter that covered her whole body (Figure 1). A skin biopsy taken from one of these lesions showed yeast cells in the dermis (Figure 2). The next day blood cultures were positive for Candida tropicalis. Fundoscopically there was no evidence of endophthalmitis. Despite treatment with caspofungin, in combination with fluconosil, she died 4 days later due to refractory shock. At autopsy, yeast cells were found in nearly all her organs (e.g. heart, lungs and liver).

In similar reported cases, histological evaluation of the skin biopsy also made the diagnosis of disseminated candidiasis before cultures identified the organism [1-4]. Early treatment in candidaemia renders better chances of survival [5]. We make a plea for performing skin biopsies in patients with septic shock who have prominent new skin lesions, as it can be diagnostic and permits the early initiation of appropriate therapy.

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References