

Blue-Black and Skin Peeled Breasts

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Case Presentation

A 56-year-old obese female patient with a history of diabetes mellitus and hypertension presented to the emergency department with the chief complaint of bilateral mastalgia and erythema, bruising, and peeling of bilateral breasts for 7 days. On admission, she had a temperature of 38.7°C, respiratory rate of 24 breaths/min, pulse rate of 98 beats/min, and blood pressure of 80/50 mmHg. There was no history of trauma, surgery, or invasive diagnostic interventions to the breasts. There was massive enlargement of both breasts with erythema and peeling of the overlying skin. The breasts were warm, tender, and edematous, with an intense anaerobic odor and blue-black discoloration of necrotic areas (Figure 1, 2). Laboratory findings showed leukocytosis (48100/ μ L), hyperglycemia (532 mg/dL), acute renal failure (BUN: 236 mg/dL and creatinine: 3.4 mg/dL), hyponatremia (123 mmol/L), and metabolic acidosis. The patient was diagnosed with severe sepsis. Management was initiated by rapid intravenous hydration and empirical antibiotic regimen comprising meropenem and piperacillin-tazobactam immediately. The patient was taken to the operating room for radical breast debridement. However, the patient developed cardiac arrest, and despite cardiopulmonary resuscitation, she died.

Questions

1. What is the diagnosis?
2. Which patients are more susceptible to such a condition?
3. Which body parts or areas are more commonly affected by this condition?



Figure 1. Severe inflammation, erythema, edema, and necrosis of bilateral breasts



Figure 2. Blue-black discoloration of the necrotic areas of the left breast

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Received: 26.09.2014 **Accepted:** 03.10.2014

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DOI: 10.5152/jaem.2015.53386

