

ANSWER TO PHOTO QUIZ (ON PAGE 173)

OBLIVION AT THE KITCHEN TABLE

The cause of the skin lesions was not readily apparent to us. We suspected severe streptococcal disease and started penicillin and clindamycin.

Because of the metabolic acidosis and the urine analysis, we considered rhabdomyolysis with myoglobinuria.

Laboratory results revealed a creatinine kinase of 50,180 U/l and myoglobin in urine was 126,800 µg/l. Rhabdomyolysis has been described as a complication of drug abuse.¹

In the literature we found a report of seven patients with rhabdomyolysis who had similar eruptions due to prolonged positioning with pressure.² Pressure and hypoxia of tissue were considered important causative factors.

Our patient had been sitting at the kitchen table with his head resting on his right arm. All the cutaneous eruptions could be explained by pressure of the head on the right arm and vice versa, and of laced shoes on feet in dorsiflexion.

Massive infusion of fluids and sodium bicarbonate prevented the need for haemodialysis. We stopped antibiotic therapy because of negative cultures of blood and blister fluids, and the eruptions healed. The patient made a full recovery.

DIAGNOSIS

We conclude that our patient was suffering from rhabdomyolysis due to drug abuse. The cutaneous eruptions were due to pressure because of prolonged positioning at the kitchen table.

REFERENCES

1. Richards JR. Rhabdomyolysis and drugs of abuse. *J Emerg Med* 2000;19:51-6.
2. Miyamoto T, Ikehara A, Kobayashi T, Kitada S, Hagari Y, Mihara M. Cutaneous eruptions in coma patients with nontraumatic rhabdomyolysis. *Dermatology* 2001;203:233-7.

