Cutaneous Ulcer at the Site of Radiation-Induced Dermatitis Caused by Infection With Vibrio alginolyticus

Ulcer cutánea sobre radiodermitis crónica por Vibrio alginolyticus

To the Editor:

We report the case of a 66-year-old man with a painful ulcer that he first noticed on the sole of his left foot 2 months previously. The lesion appeared during the month of August on atrophic and scarred skin that was compatible with chronic radiation-induced dermatitis over an area where 15 years earlier he had received radiation therapy for a skin lesion of unknown origin (no medical or histological data were available). The patient lived on the island of Mallorca and habitually walked along the seashore. He reported no history of diabetes, hypertension, smoking, or other systemic symptoms or conditions of interest.

Examination of the skin revealed an ulcer with yellowish exudate, indurated margins, and atrophic skin in the adjacent areas. A blood workup revealed no leukocytosis or increased C-reactive protein levels. A substantial amount of tissue was taken from the margin and base of the ulcer for biopsy. Histopathology revealed collagenic fibrosis in the dermis and signs of vascular disease but no cellular atypia. These findings were compatible with radiation-induced dermatitis. Neoplastic processes were ruled out. Culture of the exudate revealed Vibrio alginolyticus (Fig. 1). Based on the results of the antibioticogram, treatment was started with oral ciprofloxacin. However, the course was indolent, with the formation of a skin abscess (Fig. 1B) and development of osteomyelitis caused by 

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A Growth of colonies of *Vibrio alginolyticus* in blood agar. B, Cutaneous ulcer on the sole of the left foot on an area of chronic radiation-induced dermatitis. Note the formation of an abscess.

*Figure 1*

Osteolysis of the heads of the third and fourth metatarsals.

*Figure 2*

Infected after exposure to seawater and progressed to involve bone tissue. As in the case we report, the patient’s condition resolved with extensive surgical debridement and intravenous antibiotic therapy. In the case we present, the dermatitis lesions remaining after treatment received several years previously are in themselves a predisposing factor and a source of local immunosuppression, thus potentially explaining the poor initial outcome of the ulcer.

In conclusion, this emerging microorganism should be taken into account in patients with infections of the skin and soft tissue who have been in contact with seawater or marine animals.

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**References**


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