

VAQ 2010.2.7 (Photo)

A 60 year old woman presents with a one day history of fever and right arm discomfort.

Her observations are:

HR	95	/min	
BP	120/75	mmHg	supine
Temperature	38.5	°C	



Describe and interpret her photo (100%)

This photo shows streaking linear erythema of the right arm and erythema of the chest wall at the site of a previous mastectomy and probable breast cancer. In the context of a febrile illness and arm pain, this is suggestive of infectious thrombophlebitis/lymphangitis. This could be due to post surgical infection, lymphatic stasis, post-chemo immunosuppression, or less likely radiotherapy. Indwelling long term venous cannulae or recent IV therapy delivered to this site should also be considered.

Photo of the right side of chest, arm, neck, face turned away

area of interest exposed by hospital gown

marked pigmentation of upper chest / neck could be UV exposure (+/- drug related)

patient has short hair – possible recent chemo

streaking linear erythema from right antecubital fossa to axilla

lymphangitis

thrombophlebitis

recent irritant infusion

no intravascular devices evident

right mastectomy scar, likely for breast cancer – well healed, pink suggest <1-2 years since op

nipple excision noted

sharply delineated **erythema of right chest**

cellulitis

radiotherapy changes

multiple pigmented lesions

detail not visible

axillary lesions with exfoliative changes could represent healing / recently healed skin lesions

Multiple considerations

venous / lymphatic infection in arm

likely lymphoedema of arm secondary to axillary clearance

likely active / recent lesions to axilla

chest wall changes could represent **radiation**, allergic reaction (e.g. to dressings), **cellulitis**, lymphangitis carcinomatosis

previous mastectomy and possibility of indwelling or recently used vascular catheter or recent radiotherapy, **possible immunosuppressive chemotherapy**

consider hospital acquired or opportunistic infections as cause