



Acute Bacterial Lymphangitis

Akut Bakteriyel Lenfanjit

Ergin Çiftçi (iD)

Division of Pediatric Infectious Diseases, Department of Pediatrics, Ankara University Faculty of Medicine, Ankara, Turkey

Cite this article as: Çiftçi E. Acute bacterial lymphangitis. J Pediatr Inf 2022;16(1):e59.

A seven-year-old girl was admitted with complaints of swelling and redness in the left thumb. It was learned that the patient's left hand finger was cut four days ago, two days later he was admitted to the hospital because of redness, swelling and warmth on the left finger, and amoxicillin-clavulanate and local mupirocin treatment was initiated. Two days later, the patient reapplied because of the worsening of her complaints despite the treatment. In the examination of the patient, an incision was found on the left thumb. It was observed that there was swelling, redness and warmth on the same finger, and the redness extended from the wrist, the forearm, the cubital fossa and the inner surface of the arm to the axilla. The patient was clinically diagnosed with paronychia and acute bacterial lymphangitis. Ampicillin-sulbactam was initiated intravenously. There was no growth in the drainage culture taken from the incision site. The swelling and redness in the patient's arm rapidly regressed within four days. The antibiotic treatment she received was switched to oral amoxicillin-clavulanate, and the patient was discharged. In the follow-up examination performed one week later, the patient's clinical findings improved completely and the antibiotic treatment was discontinued.

Acute lymphangitis is the inflammation of the lymphatic vessels that mostly develops due to infectious agents. The causative agents of acute lymphangitis are often bacteria.

Acute bacterial lymphangitis usually develops as a result of a wound in the skin or as a complication of a distal infection, when microorganisms invade the lymphatic vessels. The clinical manifestations of acute bacterial lymphangitis are painful and rapidly spreading erythematous streaks on the skin or nodular swellings along the course of the lymphatic vessels. *Streptococcus pyogenes* and *Staphylococcus aureus* are the leading causes of acute bacterial lymphangitis. These pathogens can be demonstrated in appropriate wound drainage cultures taken before antibiotics are started. Acute bacterial lymphangitis can be successfully treated with antibiotic therapy for possible causative agents.



Correspondence Address/Yazışma Adresi

Ergin Çiftçi

Ankara Üniversitesi Tıp Fakültesi,
Çocuk Sağlığı ve Hastalıkları Anabilim Dalı,
Çocuk Enfeksiyon Hastalıkları Bilim Dalı,
Ankara-Türkiye

E-mail: erginciftci@gmail.com

Received: 20.01.2022

Accepted: 25.02.2022

Available Online Date: 09.06.2022

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