

Editorial Manager(tm) for QJM
Manuscript Draft

Manuscript Number: QJM-D-10-00415R1

Title: Pustular skin lesions in a patient with lung abscess

Article Type: Clinical picture

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Dear Reviewers and Editors:

Thanks for giving us this opportunity for revising this manuscript. What we have changed was mentioned as below: (form: original → corrected)

1. (Figure 1) and a lung abscess was suggested. → suggesting a lung abscess.
2. the follow-up chest radiography showed much improvement. → the follow-up chest radiography showed improvement
3. Continuing antibiotics treatment → Following antibiotics treatment
4. (Figure 3) and the patient was successfully treated → (Figure 3) and the patient recovered
5. *Klebsiella pneumoniae* related metastatic infection usually occurred in patients with primary liver abscesses → *Klebsiella pneumoniae* related metastatic infection usually occurs in patients with primary liver abscesses
6. and the underlying disease was associated with diabetes mellitus → often associated with diabetes mellitus
7. This case is a primary lung abscess with skin metastasis, and it has been rarely reported before. Only one case report showed *Klebsiella pneumoniae* with brain, lung, and liver and skin abscesses. → This association of a primary lung abscess with skin metastasis has been rarely reported before.

Your kind assistance in evaluating this paper is highly appreciated.

Sincerely Yours,

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Pustular skin lesions in a patient with lung abscess

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A 42-year-old man with a history of diabetes mellitus presented with fever and productive cough for one week. Chest radiography revealed a large cavity lesion with an air-fluid level in the left upper lobe (Figure 1) suggesting a lung abscess. Sputum culture yielded *klebsiella pneumoniae*. After third-generation cephalosporin antibiotics treatment for one week, the follow-up chest radiography showed improvement. However, pustular skin lesions developed on the fingers (Figure 2), and aspirated pus also yielded *klebsiella pneumoniae*. Septic emboli were considered but abdominal computed tomography, colonoscopy and echocardiogram all showed no abnormal findings. Following antibiotics treatment, the pustular skin lesions became encrusted (Figure 3) and the patient recovered.

Klebsiella pneumoniae related metastatic infection usually occurs in patients with primary liver abscess^{1,2}. Common metastatic infection sites included central nervous system, eye and urinary tract. In addition, *Klebsiella pneumoniae* is the most common pathogen in lung abscess, often associated with diabetes mellitus³. This association of a primary lung abscess with skin metastasis has been rarely reported before.

References

- 1 Miyagishima T, Ishizaka F, Hirano T, et al. [A case of *Klebsiella* bacteremia with brain, lung, and liver and skin abscesses]. *Nippon Naika Gakkai Zasshi* 1988; 77:404-408
- 2 Lee SS, Chen YS, Tsai HC, et al. Predictors of septic metastatic infection and mortality among patients with *Klebsiella pneumoniae* liver abscess. *Clin Infect Dis* 2008; 47:642-650
- 3 Wang JL, Chen KY, Fang CT, et al. Changing bacteriology of adult community-acquired lung abscess in Taiwan: *Klebsiella pneumoniae* versus anaerobes. *Clin Infect Dis* 2005; 40:915-922

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A 42-year-old man with a history of diabetes mellitus presented with fever and productive cough for one week. Chest radiography revealed a large cavity lesion with an air-fluid level in the left upper lobe (Figure 1) and a lung abscess was suggested. Sputum culture yielded *klebsiella pneumoniae*. After third-generation cephalosporin antibiotics treatment for one week, the follow-up chest radiography showed much improvement. However, pustular skin lesions developed on the fingers (Figure 2), and aspirated pus also yielded *klebsiella pneumoniae*. Septic emboli were considered but abdominal computed tomography, colonoscopy and echocardiogram all showed no abnormal findings. Continuing antibiotics treatment, the pustular skin lesions became crust formation (Figure 3) and the patient was successfully treated¹.

Klebsiella pneumoniae related metastatic infection usually occurred in patients with primary liver abscess². Common metastatic infection sites included central nervous system, eye and urinary tract. In addition, *Klebsiella pneumoniae* is the most common pathogen in lung abscess, and the underlying disease was associated with diabetes mellitus³. This case is a primary lung abscess with skin metastasis, and it has been rarely reported before. Only one case report showed *Klebsiella pneumoniae* with brain, lung, and liver and skin abscesses.

References

- 1 Miyagishima T, Ishizaka F, Hirano T, et al. [A case of *Klebsiella* bacteremia with brain, lung, and liver and skin abscesses]. *Nippon Naika Gakkai Zasshi* 1988; 77:404-408
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Figure
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Figure 2
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Figure 3
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