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SYMMETRICAL PERIPHERAL GANGRENE

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A case of symmetrical peripheral gangrene due to peripheral circulatory collapse following delirium tremens is reported.

Key Word : Peripheral gangrene

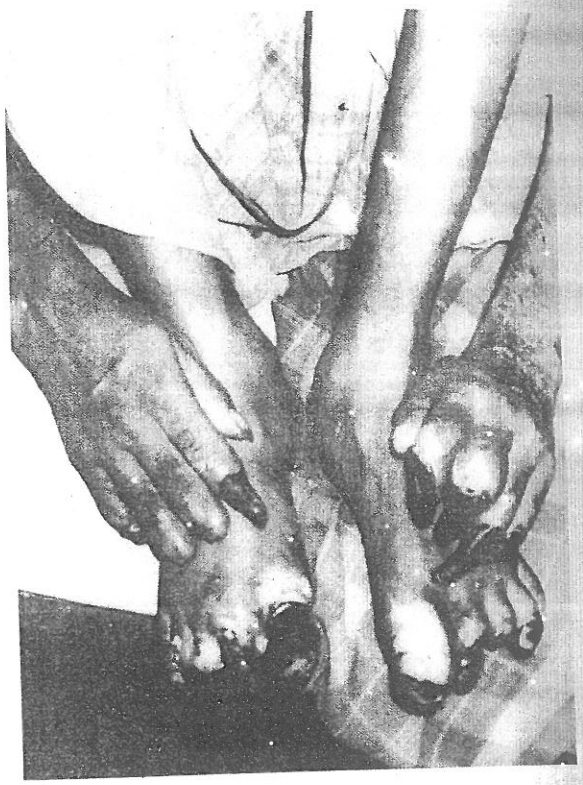
Introduction

In 1891, Hutchinson first described symmetrical peripheral gangrene (SPG). This syndrome consissts of sudden onset of symmetrical gangrene of the fingers, toes and more rarely, the nose, upper lip, ear lobes or genitalia. there is no evidence of occlusion of large vesseles or vasculitis.

Case Report

A-46-years male presented with blackening and ulceration of the tips of all the fingers and toes, except thumbs of 2 months duration. Two months back he was hospitalised for vomiting followed by loss of consciousness, which was due to ingestion of 1 bottle of country liqueor on the the previous night. Within 2 days he regained consciousness and left hospital. Few hours after reaching home, he became semiconscious with incoherent speech, convulsions and tremor, developed blackening of all the toes and fingers except the thumbs along with swelling of extremities and face. He was again hospitalised as a case of chronic alcoholism with delirium tremens. There was no history of jaundice, haematuria, Raynaud's phenomenon, joint pains. There was no history of taking B-blockers, ergot etc. Vision was normal.

He is a chronic alcoholic and habitual smoker. General examination did not reveal



any positive finding except anaemia and oedema of feet. Local examination reveals dry gangrene of all toes and fingers except the thumbs. Laboratory investigations did not show any abnormality with normal BT & CT. Funduscopy showed pallore of optic discs and choroidal sclerosis of both eyes. X'ray of affected parts revealed loss of distal phalanges of affected toes and fingers.

Comments

SPG is mostly a manifestation of disseminated intravascular coagulation (DIC), though some cases have been reported to be

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due to various infections, myocardial infarction, C.H.F., hypertension, dog bites, Hodgkin's disease, polymyalgia rheumatica etc.

The pathogenesis of SPG may include the Schwartzman reaction, bacterial endotoxin release and platelet shegging due to vascular collapse and D I C. Disseminated intravascular coagulation seems the most likely pathogenesis due to the frequent association between D I C reviewing cases of SPG. The paradoxical syndrome seen in D I C of consumptive coagulopathy with abnormal, uncontrollable haemorrhage and intravascular clotting at the microscopic level, would explain the acral gangrenous changes of SPG, the lack of vasculitis is small vessels, and the lack of thrombi in the large vessels. The present case under report is due to peripheral circulatory failure leading to irreversible vasculitis, which ultimately lead to gangrene.

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