

Pentazocine induced skin ulcers: An ‘easy to miss’ diagnosis

A 22-year-old right-handed female presented to the dermatology out-patient department of Postgraduate Institute of Medical Education and Research, Chandigarh, with a one-year history of multiple, painful, well-defined, regular, punched-out ulcers of size approximately 3 × 3 cm with a violaceous hue on the margins and yellowish, purulent slough on the base. The lesions



Figure 1: Well-defined, regular, punched-out ulcers on the dorsum of the left hand with a violaceous hue seen along the margins.



Figure 2: Similar well-defined, punched-out ulcers present on the left cubital fossa.

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were distributed on all extremities [Figures 1 and 2], but were predominant on the left upper and lower limbs. No venous access could be found as all veins were thickened and fibrosed. Based on these examination findings, a history of repeated injections of pentazocine obtained from the sister and after detailed investigations to rule out alternative diagnoses such as primary vasculitis and pyoderma gangrenosum, a diagnosis of cutaneous ulcers secondary to intravenous drug abuse to pentazocine was made.

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Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her consent for his images and other clinical information to be reported in the journal. The patient understand that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

Rajsmita Bhattacharjee, Rahul Mahajan

Department of Dermatology, Venereology and Leprology, Postgraduate Institute of Medical Education and Research, Chandigarh, India

Correspondence: Dr. Rahul Mahajan,
Department of Dermatology, Venereology, and Leprology, Postgraduate Institute of Medical Education and Research, Chandigarh - 160 012, India.
E-mail: drrahulpgi@yahoo.com