

Case Report

“Carbuncle Is an Uncle of Furuncle” – A Case Report

Amit Kumar C Jain*

Consultant and Head, Amit Jain's Institute of Diabetic Foot and Wound Care, Brindhavvan Areion Hospital, Bengaluru, India

*Corresponding Author
Amit Kumar C Jain

Abstract: A carbuncle is a bacterial infection that develops from cluster of furuncles leading to a single large mass. It is common in diabetics and occurs frequently at nape of the neck and back. Treatment of carbuncle is surgical and occasionally they can end up in local and systemic complications based on their location. We hereby report a case of carbuncle that occurred in a 50 year old patient which diabetes. He underwent wide excision.

Keywords: Carbuncle, Furuncle, Excision.

INTRODUCTION

Bacterial infections in the skin, especially in diabetics are common in clinical practice and some of the common infections include impetigo, cellulitis and furuncles (Blatny, R.A. 2002)

A furuncle, commonly known as boil, is a deep infection of hair follicle that can lead to abscess formation (Blatny, R.A. 2002; Ibler, K. S. *et al.*, 2014).

Carbuncle is an aggregate of several size furuncles (Blatny, R.A. 2002; Rashid, M. *et al.*, 2015). It is infective gangrene of skin and subcutaneous tissue (Jain, A.K.C. *et al.*, 2013; Kanwal, S. *et al.*, 2018; Venkatesan, R. *et al.*, 2017).

“Carbuncle is an uncle of furuncle- Dr Amit Jain” is one of the common quotes of the author which he uses in his teachings and we hereby present one such case encountered recently.

CASE REPORT

A 50 year old male patient presented to us with history of painful swelling over right midaxillary region for past 1 week. It started as a small painful swelling that gradually increased in size. He had consulted his physician and was on topical antimicrobial over 5 days. He also had fever. Patient was a known diabetic from past 10 years. On clinical examination, the swelling was 9x5cm in size, reddish with multiple pus points [Figure 1].



Figure 1 showing carbuncle. Note the reddish colour and multiple pus points discharging pus.

It was tender and indurated. His laboratory investigation showed normal white blood cell count and uncontrolled blood sugar of 240mg%. Patient

Quick Response Code



Journal homepage:

<http://www.easpublisher.com/easms/>

Article History

Received: 02.12.2019

Accepted: 15.12.2019

Published: 26.12.2019

Copyright © 2019 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

underwent surgical excision. Post operatively, the wound bed granulated well and the defect was closed by secondary suturing. The culture showed methicillin sensitive staphylococcus aureus sensitive to clindamycin, linezolid, rifampicin, oxacillin etc.

DISCUSSION

Carbuncle is large painful swelling with multiple pus filled opening occurring on skin (Rashid, M. *et al.*, 2015; Kanwal, S. *et al.*, 2018).

The common bacteria's causing carbuncle is either staphylococcus or streptococcus (Rashid, M. *et al.*, 2015; Kanwal, S. *et al.*, 2018; Venkatesan, R. *et al.*, 2017). Carbuncle occurs frequently over nape of the neck, back and hip and is common in diabetics (Rashid, M. *et al.*, 2015; Jain, A.K.C. *et al.*, 2013). The carbuncle frequently occurs in adults and it spares children (Kanwal, S. *et al.*, 2018).

The word carbuncle originated from Latin word Carbunculus which means charcot (Jain, A.K.C. *et al.*, 2013). When it occurs at more than one area, it is called "Carbunculosis" (Anusreeraj, R. S. *et al.*, 2017). Staphylococcus aureus, both methicillin sensitive and methicillin resistant, is the most common organism causing carbuncle. It penetrates skin to cause series of communicating abscesses which discharges pus through separate opening on the surface leading to Sieve like appearance (Jain, A.K.C. *et al.*, 2013; Das, S. 2001). It then leads to central large slough, surrounded by rosette of small areas of skin necrosis (Jain, A.K.C. *et al.*, 2013; Das, S. 2001).

The treatment of carbuncle includes early administration of antibiotics followed by excision (Jain, A.K.C. *et al.*, 2013; Das, S. 2001). Several specialists have also attempted saucerization (Hee, T. G. *et al.*, 2013). The post operative defect can be dealt with secondary suturing, skin graft or flap based on size of the defect (Jain, A.K.C. *et al.*, 2013).

CONCLUSION

A carbuncle is a common bacterial skin infection that occurs due to cluster of furuncles and is common in diabetics. As rightly described by author that 'Carbuncle is an uncle of furuncle', early recognition and treatment have good prognosis.

REFERENCES

1. Blatny, R.A. (2002). Common bacterial skin infections. *Am Fam Physician*, 66(10), 119-125.
2. Ibler, K. S., & Kromann, C. B. (2014). Recurrent furunculosis—challenges and management: a review. *Clinical, cosmetic and investigational dermatology*, 7, 59.
3. Rashid, M., Sayfullah, M., Salahuddin, M., Islam, M. S., & Zeb, M. A. (2015). Carbuncle, Modalities Of Treatment—Case Report. *Int. J. Life. Sci. Scienti. Res*, 1(1), 37-38.
4. Jain, A. K. C. (2013). Carbuncle in Diabetics-Our Experience. *Pain*, 10, 66-67.
5. Kanwal, S., Zaman, M. H., & Irfan, A. (2018). Relation Between Duration Of Healing Of Diabetic Carbuncle To WBC Count And Blood Sugar Level At Time Of Presentation In Surgical Emergency Of Mayo Hospital, Lahore. *PAKISTAN JOURNAL OF MEDICAL & HEALTH SCIENCES*, 12(2), 853-854.
6. Venkatesan, R., Baskaran, R., Asirvatham, A. R., & Mahadevan, S. (2017). 'Carbuncle in diabetes': a problem even today! *Case Reports, 2017 BMJ Case Rep*, doi: 10.1136/bcr-2017-220628.
7. Anusreeraj, R. S., Jasmine, A., Arya, U. S., & Kumar, A. S. (2017). Carbunculosis - A case report. *WJPMR*, 3(4), 111-112.
8. Das, S. (2001). A concise textbook of Surgery. 3rd edition, S Das, India.
9. Hee, T. G., & Jin, B. J. (2013). The surgical treatment of carbuncles: a tale of two techniques. *Iranian Red Crescent Medical Journal*, 15(4), 367.