

**PP153 PURPURA FULMINANS IN  
INVASIVE MENINGOCOCCAL  
DISEASE; IMPORTANCE OF EARLY  
RECOGNITION AND TREATMENT**

Nor Roziah Razali<sup>1</sup>, Andre Lee Quan Sheng<sup>1</sup>  
,Jethananda Ganesan<sup>1</sup> Muhamad Syis  
Zulkipli<sup>1</sup>, Yao Mun Choo<sup>2</sup>

<sup>1</sup> *Department of Emergency Medicine, Hospital  
Universiti Sains Malaysia, Malaysia*

<sup>2</sup> *Department of Radiology, Hospital Universiti  
Sains Malaysia, Malaysia*

**INTRODUCTION:**

Invasive meningococcal disease (IMD) is characterized by an abrupt onset of fever, petechial or purpuric rash, which may progress to purpura fulminans, and is often associated with the rapid onset of hypotension, acute adrenal hemorrhage (the Waterhouse–Friderichsen syndrome) and multiorgan failure life.

**CASE REPORT:**

We report a case of a 2-year-old boy who presented with 3 days history of fever, cough, coryza, vomiting and diarrhoea. There was a sudden onset of generalized rashes consisting of mixed petechial, purpuric and ecchymosis over the trunk and bilateral lower limbs. Clinically, he was septic looking with poor perfusion. There was no evidence of meningism. Venous blood gas showed compensated metabolic acidosis, thrombocytopenia and deranged coagulation profile. Blood culture showed *Neisseria meningitidis*. He was treated with intravenous ceftriaxone and subsequently changed to amikacin and meropenam. He developed purpura fulminant over his upper and lower limbs. Unfortunately, he had undergone amputation of his fingers and bilateral foot. He was discharged after 10 weeks. Contact tracing was done and antibiotic prophylaxis was given to contacts.

**DISCUSSION:**

Globally, the incidence of IMD is 500,000 cases every year. Death occurs in 6-10% of IMD cases and sequelae in 4.3-11.2% of cases. Common sequelae were hearing loss, deafness, seizure, amputation and skin scarring. The classic laboratory diagnosis of meningococcal disease has relied on bacteriologic culture while PCR offers more rapid diagnosis. Treatment using IV ceftriaxone/cefotaxime should be given as soon as meningococcal disease is suspected. Chemoprophylaxis should be given to close contacts within 7 days.

**CONCLUSION:**

IMD requires prompt diagnosis and instillation of antibiotics. Prevention of IMD with immunization is of utmost importance to prevent mortality and morbidity. Meningococcal immunization should be in our National Immunization Program.