Atypical Pressure Ulcer as Cellulitis Mimic

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A 78-year-old man was treated for cellulitis after presenting with an area of erythema and slight ulceration on his thigh after being shot by a bean bag gun. One week later, he re-presented due to progression of his wound (Fig. 1). Cultures returned sterile and the patient's condition did not improve despite antibiotics, prompting dermatology consultation and skin biopsy. Pathology subsequently revealed pressure ulceration.

Figure 1 14 × 7 cm well-demarcated, erythematous, warm, and indurated area on patient's right anterior thigh with two round ulcerations (each about 3 × 2 cm) draining serous fluid.

Pressure ulcers are commonly caused by sustained low-grade pressure and frequently seen on bony prominences in immobile individuals.¹ However, they can also develop from momentary exposure to extreme pressure such as that generated by a bean bag projectile, which can deliver a force comparable to a baseball line drive.^{2, 3}

The clinical presentation of pressure-induced injury can mimic cellulitis, displaying erythema and warmth. Deeper layers of soft tissue are more susceptible to pressure-induced injury than superficial layers.¹ Therefore, high-pressure injuries can initially present with little or no superficial ulceration before eventually manifesting at the surface. Though pressure ulcers are typically encountered in a different clinical context, their occurrence in the setting of acute trauma highlights the key common pathogenic principles driving this familiar condition, including interface pressure, shear stress, and resultant tissue ischemia and necrosis.⁴

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