

Janeway Lesions An Old Sign Revisited

Naveen Khanna, MD; Ambuj Roy, MD, DM; Vinay K. Bahl, MD, DM

A 20-year-old man presented with intermittent, high grade fever of 2 weeks' duration and progressively worsening shortness of breath for the same period. On examination, he had tachycardia and pulsus bisferiens. In addition, he had multiple nontender, macular spots of varying sizes over hands and feet for the past 4 to 5 days (Figure 1A and 1B). His echocardiogram revealed severe aortic regurgitation and vegetations on the aortic valve (Figure 2). In view of these findings, he was diagnosed as acute severe aortic regurgitation with infective endocarditis and Janeway lesions. He received broad-spectrum antibiotics and underwent aortic valve replacement. He is presently asymptomatic and doing fine at 6 months of follow-up.

Janeway lesions are named after Theodore Caldwell Janeway (1872–1917), an American professor of medicine. They are nontender, erythematous or hemorrhagic macular or nodular lesions on the palms or soles.¹ They are commonly

seen in acute endocarditis. Pathologically, the lesion is a microabscess of the dermis with thrombosis of small vessels without vasculitis.² They are caused by septic emboli that deposit bacteria leading to formation of microabscesses.³ Janeway lesions are less commonly seen now, as most infective endocarditis are diagnosed and treated early.

Disclosures

None.

References

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Figure 1. Multiple macular spots of varying sizes over both feet (A) and hand (B), which were nontender and noncompressible.

From the All India Institute of Medical Sciences, Ansari Nagar, New Delhi, India.

Drs Khanna, Roy, and Bahl contributed equally to the diagnosis and management of the patient and writing of the manuscript.

Correspondence to Ambuj Roy, MD, DM, Associate Professor, Department of Cardiology, Cardiothoracic Centre, All India Institute of Medical Sciences, Ansari Nagar, New Delhi, India 110029. E-mail drambujroy@gmail.com

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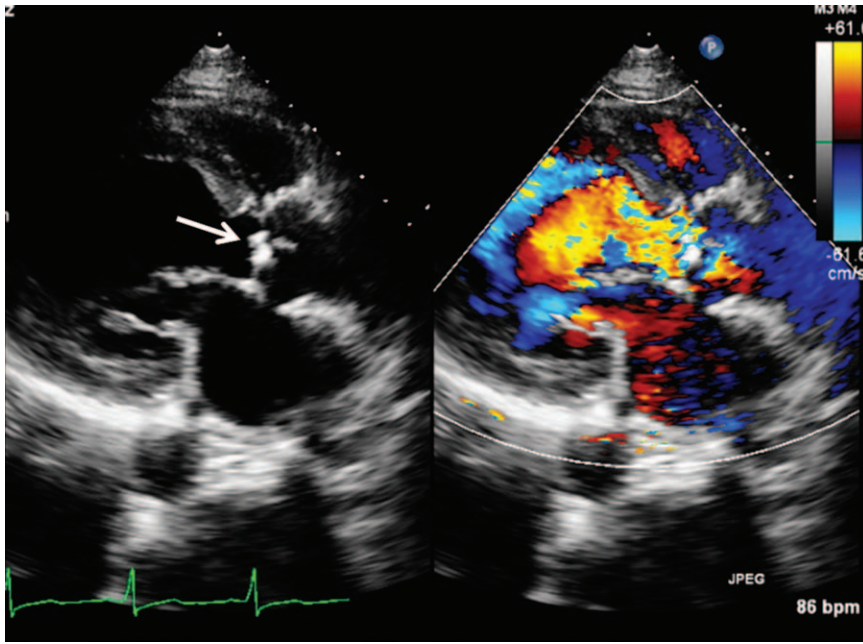


Figure 2. Parasternal long axis view showing vegetation on aortic valve (**arrow**) and severe aortic regurgitation.

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