

A CASE OF XYLAZINE INDUCED SOFT TISSUE ULCERATIONS: THE NEWEST FLESH-EATING ENTITY

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Introduction

Xylazine abuse is an emerging community crisis, most prevalent in Philadelphia, Pennsylvania

This alpha-2 agonist is traditionally used by veterinarians as a sedative for large animals

Xylazine has become a well-known additive to illicit opioid use

It has been associated with black eschar and abscess formation at site of intravenous (IV) drug use (IVDU)

We present a young female who injects IV fentanyl mixed with xylazine in her neck veins and developed skin necrosis at distal sites

Case Presentation

A 27-year-old female with opioid dependency presented for bilateral lower extremity wounds

She was receiving daily wound care by volunteer health care providers but had missed several appointments

On exam: cachectic, ill appearing female, needle tracks on neck, foul smelling bilateral lower extremity wounds

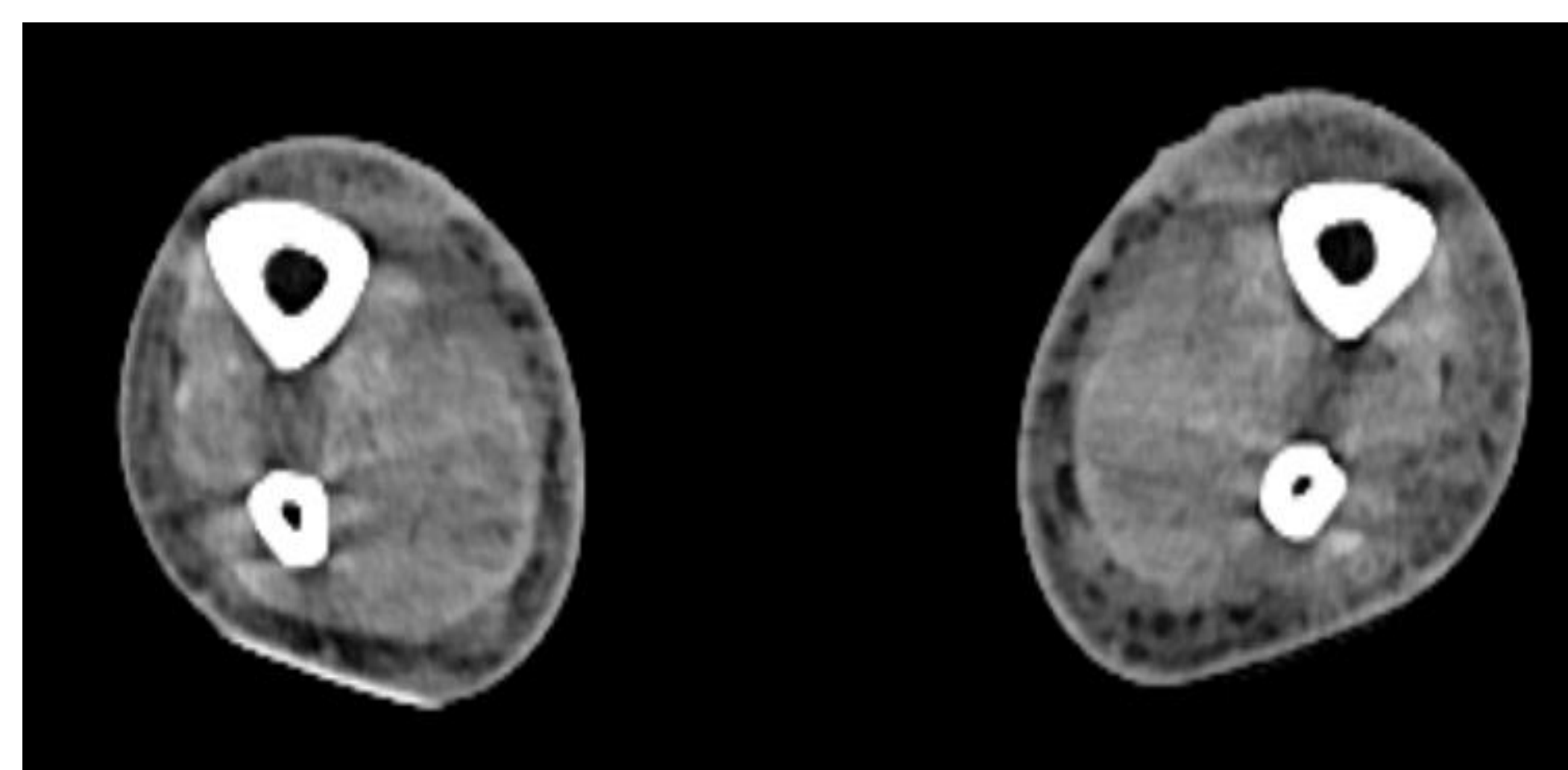
Vitals: Afebrile and hemodynamically stable (HDS)

Significant labs: WBC 16 K, elevated CRP/ESR, and CT imaging confirming multiple soft tissue ulcerations without evidence of osteomyelitis (OM) or necrotizing fasciitis, blood cultures negative

Toxicology: (+) fentanyl

Wound Care consulted: treated with Silvadene cream and monitored off antibiotics. Sepsis was not present.

Imaging



Description: CT imaging of bilateral lower extremities showing extensive edema signifying soft tissue swelling. No sclerosis, demineralization, or periosteal reactions of bone to show evidence of osteomyelitis.



Image 1 (a) Left leg showing superficial wounds with eschar formation



1 (b) Right leg

Discussion

Illicit drug use of Xylazine poses new challenges for health care

Since Xylazine is currently not part of standard toxicology, clinicians must maintain a keen suspicion for abuse in the setting of eschar formation and superficial skin ulcerations

As seen in our patient, direct injection does not always correlate with site of ulcerations when administered centrally

Other considerations for this case is the decision to hold antibiotics. Throughout the hospital course, she remained afebrile and HDS. Without systemic signs, abscess formation, cellulitis, or signs of OM, our patient did well off antibiotics. Although her wounds were foul smelling, they lacked purulence.

Lastly, while caring for this patient, we acknowledged the intensified withdrawal symptoms of xylazine. We currently do not have guidelines to assist with xylazine withdrawal.

Conclusion

IVDU of Xylazine can lead to eschar and soft tissue ulceration irrespective of injection site

Antibiotics may not be warranted

Xylazine withdrawal may complicate the hospital course and getting patients adequate care prior to progression of wounds

References

Jenny Wei, Christopher Wachuku, e.t. (2023). Severe cutaneous ulcerations secondary to xylazine (tranq): A case series. Journal of American Academy of Dermatology. (36) pg 89-91.