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Milker's nodule

Vilakkathil Mohamed Althaf¹, Effeena Merin David¹

¹Department of Dermatology and Venereology, Government Medical College, Kozhikode, Kerala, India.

***Corresponding author:**

Vilakkathil Mohamed Althaf,
Department of Dermatology
and Venereology, Government
Medical College, Kozhikode,
Kerala, India.

dr.althaf.v@gmail.com

Received: 24 May 2022
Accepted: 31 May 2022
Epub Ahead of Print : 20 June 2022
Published:

DOI
10.25259/JSSTD_27_2022

Quick Response Code:



A 46-year-old male dairy farmer presented with multiple, painful swellings on the right hand and forearm of 10 days duration. He gave a history suggestive of crusted erosions on the udder of one of the cows and the lips of the calf, a few days before the onset of symptoms in himself. The patient did not give any history of comorbidities or recent drug intake or trauma.

He was afebrile and showed multiple, purplish nodules (1.5 × 1.5-3 × 3 cm) with erythematous borders on the dorsal aspect of the right hand, proximal to the first metacarpophalangeal joint and in the first interdigital space [Figure 1]. He had another nodule on the lateral and volar aspect of the right middle finger with a central yellow discoloration [Figure 2]. Two erythematous plaques with central crusts were seen on the extensor aspect of the right forearm proximal to the wrist joint. The skin lesions were firm, and tender, and showed local rise of temperature. The hand was edematous. The right axillary lymph nodes were tender, firm, mobile, and enlarged (1.5 × 1.5 cm).

With this history and clinical features, a diagnosis of Milker's nodule with probable secondary bacterial infection was made. The lesional swab was sent for bacterial culture and sensitivity. The patient received amoxicillin-clavulanic acid combination (625 mg per orally twice a day) for



Figure 1: Milker's nodule manifesting as purplish nodules with erythematous rim (up arrow) and erythematous plaques with central crusting (left arrow).

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Figure 2: Milker's nodule manifesting as a nodule with a central yellow color and a peripheral rim of erythema (black arrow).



Figure 3: Resolving lesions of Milker's nodule.

7 days along with acetaminophen (500 mg thrice a day per orally for 3 days). Follow-up after 7 days showed complete resolution of pain, edema, and lymphadenopathy, and a marked resolution of the skin lesions [Figure 3]. The culture was sterile.

Milker's nodule, caused by the *Paravaccinia* virus of the genus *Parapoxvirus*, affects those who have close contact with bovine cattle (milkers and farmers). Orf, a similar condition that affects those who work in close contact with goats and sheep is caused by another virus of the same genus.

Milker's nodule is a self-limiting condition; however, secondary bacterial infection, erythema multiforme lesions (7–14 days after the nodules), lymphangitis, and lymphadenitis may occur. Electron microscopy and polymerase chain reaction analysis of lesional specimens can confirm the diagnosis. Isolation of infected cattle is recommended to prevent the spread of infection.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

How to cite this article: Althaf VM, David EM. Milker's nodule. *J Skin Sex Transm Dis* doi: 10.25259/JSSD_27_2022.