A 23-YEAR-OLD MAN PRESENTED TO THE EMERGENCY DEPARTMENT WITH rapidly progressive left arm pain and erythema. He had felt well until the previous night, when his left third finger was injured during a lacrosse game. Overnight, the finger became increasingly painful, with erythema spreading to the wrist, which prompted him to seek medical care. On presentation, the temperature was 36.7°C (98.1°F), the heart rate 64 beats per minute, and the blood pressure 139/85 mm Hg. The physical examination revealed a small blister or abscess on the left third finger with surrounding warmth, tenderness, erythema, and linear streaking to the elbow. Within hours, the streaking progressed to the axilla. Minimal drainage from the finger was cultured. The patient quickly underwent incision and drainage of the lesion, and empirical antibiotic treatment with cefazolin and vancomycin was initiated. Culture data ultimately revealed *Streptococcus pyogenes*, and antibiotics were changed to intravenous penicillin G. By the second day of hospitalization, the erythema had improved, and the patient was discharged while receiving oral penicillin V potassium for 12 days. At follow-up 1 week after discharge, he had full range of motion in the affected finger, and the erythema was substantially improved.

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