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 microabsscess of the dermis with thrombosis of small vessels without vasculitis.² They are caused by septic emboli that deposit bacteria leading to formation of microabsscesses.³ Janeway lesions are less commonly seen now, as most infective endocarditis are diagnosed and treated early.

Disclosures
None.

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