

Orf After Eid al-Adha—A Clinical Reminder

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Cite this article as: Yalçın CE. Orf after eid al-adha—A clinical reminder. *Cerrahpaşa Med J*. 2026, 50, 0097, doi: 10.5152/cjm.2026.25097.

Following the Eid al-Adha festival, we have observed an increased number of patients presenting to emergency departments with rapidly progressing, painful ulcerative lesions on the hands—particularly the palms and fingers. These lesions typically appear within days after contact with sacrificial animals, such as sheep or goats, and are strongly suggestive of Orf (contagious ecthyma), a zoonotic parapoxvirus disease. The incubation period of Orf ranges from 4 days to 2 weeks, and lesions typically resolve spontaneously within 6-12 weeks.¹

Despite its distinctive clinical features, Orf is frequently misdiagnosed or overlooked, especially in non-endemic or urban healthcare settings.^{2,3} The lesions often begin as small papules, evolving into well-demarcated ulcers with a central crust and surrounding erythema. Without proper clinical suspicion, patients are sometimes mismanaged with unnecessary antibiotics, debridement, or even referred to hand surgery services for non-bacterial infections. The differential diagnosis of acute hand ulcers following animal exposure should include several infectious and noninfectious conditions. In addition to bacterial abscesses—which may be mistakenly incised during the early erythematous stage—clinicians should consider herpes simplex infection, milker's nodules, fish-tank granuloma (*Mycobacterium marinum*), pyogenic granuloma, and keratoacanthoma.¹ Importantly, Orf can resemble lesions associated with potentially serious zoonotic infections such as tularemia and cutaneous anthrax. Cutaneous anthrax typically presents with a painless, depressed black eschar and prominent surrounding edema, which contrasts with the painful, ulcerative nodules of Orf. Misdiagnosis may lead to inappropriate surgical interventions.

In our recent clinical experience, several patients were referred from emergency departments to infectious disease or hand surgery clinics after developing such lesions post-Eid. One representative case involved a healthy adult female who developed a solitary ulcer on the palm 20 days after handling meat of a sacrificed cattle. The lesion's appearance, history of exposure, and absence of systemic symptoms strongly supported the diagnosis of Orf.

We present an image (Figure 1) of this classic lesion to remind frontline physicians—particularly in emergency and surgical settings—of this self-limiting but easily misdiagnosed zoonotic infection. Awareness of this periodic pattern is essential for prompt diagnosis, avoiding unnecessary interventions, and providing reassurance to patients. Informed oral and written consent was obtained prior to inclusion of this patient in this article.

We encourage clinicians to consider Orf in the differential diagnosis of acute hand ulcers following animal exposure during Eid. Diagnosis is primarily clinical, and most cases resolve spontaneously within 4-6 weeks. Education on protective measures (e.g., gloves during animal handling) may help reduce incidence in future years. Considering operative measures can prolong the healing period, healthcare workers should be aware of this disease to prevent any unnecessary interventions, either diagnostic or therapeutic.⁴

Data Availability Statement: The data that support the findings of this study are available on request from the corresponding author.

Informed Consent: Written informed consent was obtained from the patient who participated in this study.

Received: November 11, 2025 **Revision Requested:** November 30, 2025 **Last Revision Received:** December 1, 2025

Accepted: December 2, 2025 **Publication Date:** January 28, 2026

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DOI: 10.5152/cjm.2026.25097



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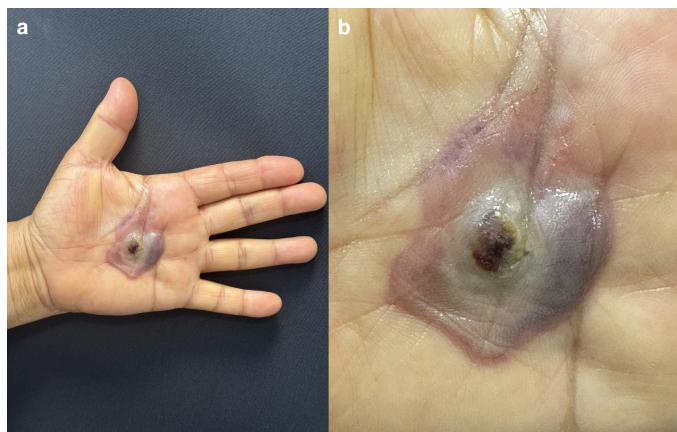


Figure 1. Classic Orf lesion on the palmar surface of the hand, appearing as a well-demarcated ulcer with central necrosis and surrounding erythema (a). A close-up view of the same lesion, which can be easily misinterpreted as an abscess that requires emergent drainage, or a sarcomatous lesion, which may be overdiagnosed if the duration of symptoms is not acquired during history taking (b).

Peer-review: Externally peer-reviewed.

Author Contributions: Concept – C.E.Y.; Design – C.E.Y.; Supervision – C.E.Y.; Resources – C.E.Y.; Materials – C.E.Y.; Data Collection and/or Processing – C.E.Y.; Analysis and/or Interpretation – C.E.Y.; Literature Search – C.E.Y.; Writing Manuscript – C.E.Y.; Critical Review – C.E.Y.; Other – C.E.Y.

Declaration of Interests: The authors declare that they have no competing interest.

Funding: The authors declare that this study has received no financial support.

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