

UNUSUAL PRESENTATIONS OF RICKETTSIAL INFECTION

R. H. Gobbur*

ABSTRACT:

Rickettsiae comprises of a group of microorganisms that phylogenetically occupy a position between bacteria and viruses. Early rickettsial infection is often mistaken for viral infection as it mimics early signs and symptoms of viral infection and hence making diagnosis more difficult. Symptoms may vary from mild to moderate or even severe and may include fever, vomiting, rash, diarrhoea, cough, difficulty breathing sometimes leading to death a Rickettsial infection respond to early treatment with antibiotics, like doxycycline with >90% cure rate and azithromycin with= 100% cure rate. Here we report two cases of , rickettsial fever presenting as1) Hepatitis, and2) Meningoencephalitis

Weil-Felix test revealed OXK - 1:160, OX2 - nil, and OX19 - nil. The children were started with oral doxycycline 5 mg/kg and IV azithromycin 10 mg/kg. Clinical improvement was seen on the second and third day, respectively.

These Rickettsial cases, if not for a high index of suspicion, would have gone unrecognised leading to high morbidity and mortality.

Keywords: Rickettsial infection, Weil-Felix test, Meningo-encephalitic syndrome, Hepatitis.

Introduction

Family Rickettsiae comprise a group of microorganisms that phylogenetically

occupy a position between bacteria and viruses. Rickettsiae are small, nonflagellated, gram-negative pleomorphic cocco-bacilli adapted to obligate intracellular organism and transmitted by arthropod vector. In vertebrates, they infect vascular endothelium and reticuloendothelial cells (1).

We report unusual, presentation of rickettsial infection.

Case Report

1)A male child,13 years presented with history of fever 3 days which was moderate to high degree, intermittent type, followed by vomiting since 2 days. Vomiting was non-projectile and non-bilious. Examination revealed hepatomegaly with a span of 15 cm and, 5 cm below right costal margin. On the next day child developed a tinge of icterus. Investigation (blood sample), revealed bilirubin total 2.5 mg/dL, conjugate - 1.4 mg/dL and unconjugated - 1.1 mg/dL, SGPT - 300 units/L and PT – 27.9 S(INR 2.44). Later, USG was done which revealed mild hepatomegaly with features of hepatitis and periportal lymphadenopathy with diffuse gall bladder wall thickening of 7 mm. Weil-Felix test was done which revealed OXK - 1:160, OX2 - nil, and OX19 - nil. Dengue serology NS1 and IgM were negative. After Weil-Felix report, treatment was started with doxycycline and azithromycin and by the next day child improved. Vitamin K and other supportive treatment were also given.

Professor*, Department of pediatrics. BLDEU'S Shri B.M.Patil Medical College, Bijapur. rhgobbur@gmail.com