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Mediterranean boutonneuse fever a case in primary care

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Reason for Consultation: Fever and headache

Personal History: 56 years old allergic to penicillin, former smoker and with moderate alcohol habit. Medical history of hypertension, vertiginous syndrome, gastroplasty for morbid obesity, anemia for vitamin B12 deficiency.

History: he went to our primary care center from four days to present fever of 38° C, intense frontal headache and papular rash (0.5 cm diameter) on the trunk and extremities with involvement of palms and soles. The patient explained that he had been in a rural area 5 days ago.

Exploration: conscious, oriented, cardiorespiratory auscultation normal. No focal neurological signs, reactive isochoric pupils. Papular rash lesions on the trunk, upper extremities, palms and soles.

Differential Diagnosis: during the first days, diagnosis is difficult without the rash. Differential diagnosis Q Fever, Rocky Mountain spotted Fever, Meningococcal infections, Measles CMV, VEB.

Clinical Trial: The first suspect was boutonneuse Mediterranean Fever, so we did a serology and complete analytic and we treated the patient with doxycycline for one week.

Analysis: reactive C protein 20 mg/dl, cholesterol of 147 mg/dl, triglycerides 245 mg/dl, AST 77 U/L, ALT 117 U/L, GGT 120 U/L, LDH 841 U/L, leukocyte 8.69, erythrocytes 3.95, hemoglobin 113 g/L, hematocrit 34%, neutrophilia of 79%, prothrombin 85.6%.

Serology: HAV, HBV surface Ag, Ag core IgM HBV, HCV IgG, HIV are negative. CMV IgG positive, CMV IgM, parvovirus IgM, HHV-6 IgM and IgM EBV are negative. EBV IgG positive.

Bacteriology: Lues reaginic VDRL test neg, Ac anti T. Pallidum IgG neg, Rickettsia conorii IgM positive, IgG positive conorii Rickettsia, IgM and IgG Borrelia burgdorferi negative.

Evolution: with the results of serological tests, the patient was treated properly and the outcome was favorable with disappearance of rash, fever and headache.

Applying to the Primary Care: there are abundant rural zones around Barcelona, so we can find cases like this. The incidence is higher in summer period, where it coincides with the biological cycle of vector. Mediterranean boutonneuse fever is an infectious disease caused by Rickettsia conorii which generally has a benign course, although only 10% generally have serious complications.