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Fever - a diagnosis on the edge of the skin

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Background & Aim: A 58 year old female, who worked as a zootechnical technician on a dairy and cow breeding farm, with daily contact with cows, dogs and cats, presented to our outpatient clinic with four days of high fever (39-40°C), intense diffuse arthralgia and headache, which was poorly responsive to antipyretics and analgesic agents. On the day prior to observation, the patient mentioned the onset of a diffuse nonpruritic maculopapular rash, without sparing the palms, where it acquired purple discoloration. **Method:** Expositive, Poster, clinical case results. On examination, she was afebrile and hemodynamically stable. No lesions on the oral cavity were found. Meningeal signs were absent. Cardiac and respiratory examinations were normal. No palpable cervical lymphadenopathy or hepatosplenomegaly were identified. In addition to the above mentioned rash, a unique painless ulcerated papule with a red erythematous halo was seen on the right lower quadrant of her abdomen.

Conclusions: Given the epidemiology, the summer season and the clinical presentation, non-complicated Mediterranean spotted fever was assumed as the likely diagnosis, and the patient was treated with doxycycline and paracetamol as indicated, with adequate defeverescence. She was observed in the outpatient clinic three weeks later, with complete regression of her symptoms.