

### **PS2.203**

Reason for Consultation: Fever and headache.

History: 7 years old, she went to our primary care center from two days to present fever of 38° C, papular rash with (0.5 cm diameter) on the trunk and extremities with involvement of palms and soles. The patient explained that one week ago she had tick bite in a left outer ear. She lives in a rural area and she has a dog.

Exploration: conscious and oriented, erythematous pharynx without tonsillar exudate, cardiorespiratory auscultation normal. Normal lung auscultation. No focal neurological signs, reactive isochoric pupils. Papular rash lesions on the trunk upper extremities, palms and soles. In a left outer ear has a bite forms with a black ulcerous crust (tache noir).

Analysis: presents reactive C protein 40 mg/dl, leukocyte 9, erythrocytes 4, hemoglobin 120 g/L, hematocrit 39%, neutrophilia of 80%, prothrombin 90%.

Serology: CMV IgG positive, CMV IgM, parvovirus IgM, HHV-6 IgM and IgM, IgG EVB are negative.

Bacteriology: *Rickettsia conorii* IgM positive (1:640), IgG positive *conorii* *Rickettsia*, IgM and IgG *Borrelia burgdorferi* negative.

Clinical Trial: The first suspect was boutonneuse Mediterranean Fever, so the patient was treated with Claritromicine (5mg/kg/dia 5 days).

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

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

Applying to the Primary Care: There are abundant rural zones around Barcelona. It is an interesting case because we can find cases like this and the children between 3 and 5 years old are more susceptible. The incidence is observed in Countries of the Mediterranean Basin and, above all, in summer period, where it coincides with the biological cycle of its 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.