Letter to the Editor

Rickettsiosis complicated by erysipelas

Kaoutar Achehboune, Sara Elloudi, Hanane Baybay, Zakia Douhi, Fatima Zahra Mernissi

Department of Dermatology-Venereology, Hospital University Hassan II, Fez, Morroco

Corresponding author: Dr. Kaoutar Achehboune, E-mail: achehboune.kaoutar@gmail.com

Sir,

Man of 39-year-old truck driver with no previous history who had a feverish eruption that lasted 3 days before his consultation, the clinical examination showed a fever at 40 ° C, a generalized maculopapular rash purpuric at the legs (Figs. 1a and 1b) at the level of the legs, an escarotic spot at the right arm of 4cm (Fig. 1c), there was no lymphadenopathy and the rest of the examination was normal. In the biological assessment of an inflammatory syndrome and a C-reactive protein (CRP) at 112. we thought of Rickettsiosis and we did a rickettsial serology that was positive. we treated with doxycycline at a dose of 200mg/day with a good improvement of skin lesions after two days and persistence of fever and an increase of the CRP, the clinical examination of control had objectified a placard erythematous edematous well limited at the level of right arm surrounding the escarotic task evoking an erysipelas (Fig. 2a), the patient was put under protected Amoxicillin intravenous (IV) with daily care of the escarotic spot and control at 48h showing disinfiltration of edematous erythematous edematous and a decrease in CRP. A mechanical debridement of the necrosis was performed (Fig 2b). The patient was cured after 1 month.

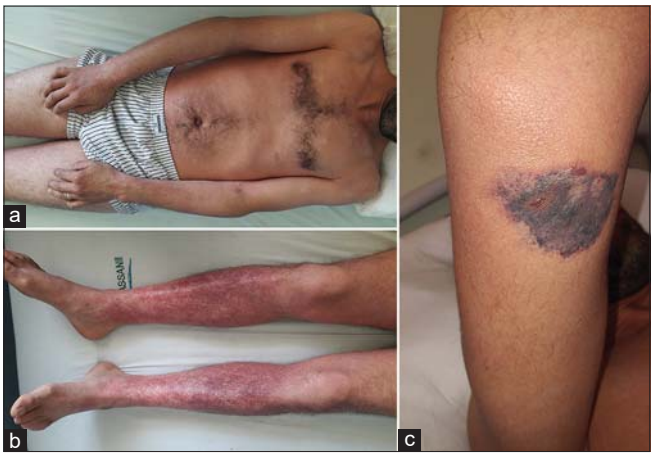

Figure 1: a: Maculo-papular rash, b: Non infiltrated purpura, C: escarotic spot.

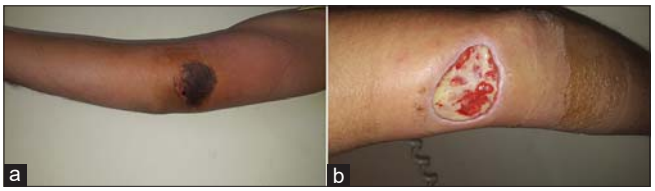

Figure 2: a: Erysipelas on the escarrotic spot b: control after antibiotic treatment in IV and mechanical debridement of the necrosis (disinfiltration of the placard erythematous).

Rickettsiosis is a bacterial infection by rickettsia, tick is the main reservoir and vector of transmission, it manifests as a febrile syndrome at 39-40C°, a maculopapular rash, sometimes purpuric with a characteristic escarotic task corresponding to the site of the bite of the tick [1]. Diagnosis is based on clinical, serological confirmation, but also PCR or culture in cases of negative serology [2]. Systemic involvement is possible and serious. The first choice treatment is Doxycycline. This infection can be fatal in case of delayed diagnosis and management. In our patient the diagnosis of rickettsiosis was obvious [3,4]. The persistence of the fever and the increase of the CRP prompted us to look for other causes, which was an erysipelas with the escarotic task as the entry point for our patient, although local care was required. The combination of amoxicillin clavulanic acid and daily care was marked by the good evolution.

Rickettsiosis is a bacterial infection that can be life-threatening if delayed, and is sensitive to cyclin

How to cite this article: Achehboune K, Elloudi S, Baybay H, Douhi Z, Mernissi FZ. Rickettsiosis complicated by erysipelas. Our Dermatol Online. 2020;11(e):e81.1-e81.2.

Submission: 06.11.2019; **Acceptance:** 07.01.2020

DOI: 10.7241/ourd.2020e.81

treatment. The latter do not prevent superinfection such as erysipelas, hence the interest of surveillance and daily care of escarotic task.

Consent

The examination of the patient was conducted according to the Declaration of Helsinki principles.

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

REFERENCES

1. Rodino KG. Rickettsioses in the United States. Clin Microbiol Newsl. 2019;41:13.
2. Faccini-Martínez ÁA, García-Álvarez L, Hidalgo M, Oteo JA. Syndromic classification of rickettsioses: an approach for clinical practice. Int J Infect Dis. 2014;28:126-39.
3. Sood AK, Sachdeva A. Rickettsioses in children - A review. Indian J Pediatr. 2020;10.1007/s12098-020-03216-z.
4. Hardstone Yoshimizu M, Billeter SA. Suspected and confirmed Vector-borne rickettsioses of North America associated with human diseases. Trop Med Infect Dis. 2018;3:2.

Source of Support: Nil, **Conflict of Interest:** None declared.