

Rickettsiosis in a child

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Sir,

A 10 year old girl, was admitted to emergency department because of fever, headache, anorexia, myalgias that was present 4 days following a bite insect with itchy, hot and painfull erythematous swelling on the right knee. She was treated initially with analgesics and antibiotics (amoxicillin) without response.

After one day, a skin rash was appear involving the entire body. She was otherwise healthy.

On her admission, she was conscious and had a fever of 39°C.

Dermatological examination revealed a hot, painful and poorly demarcated erythema of the right leg with an haemorrhagic bullae on the inner side of the right knee (Fig. 1). Maculopapular rash was noted on trunk, forearms, lower limbs, buttocks and palms (Fig. 2).

No palpable lymphadenopathy was noted and the abdomen was soft with no organomegaly.

In front of this clinical presentation, diagnosis of rickettsiosis was suspected. Laboratory tests were unremarkable and rickettsia serology was negative.

The patient was prescribed doxycycline 200 mg per day with a good improvement after 7 days of treatment (Fig. 3).

Rickettsial diseases are a group of various and specific communicable diseases caused by obligate intracellular gram negative bacilli and transmitted to man by arthropod vectors (tick, mite, flea and louse) [1].

Severity of manifestations varies from a mild, self-limiting illness to a life threatening disaster.

Initially patients present with nonspecific symptoms such as headache, fever, anorexia, arthromyalgia. Gastrointestinal symptoms can be seen early in this disease. Skin rash is usually not present until after 2–4 days of illness. Cutaneous signs include Maculopapular rash that spreads rapidly to involve the entire body, purpuric rash, painless eschar at the site of inoculation [2].

Rickettsial illness can involved lung, heart, kidney, central nervous system and gastrointestinal system.

The diagnosis of a rickettsial disease has most often been confirmed by serological testing [3].

Treatment of choice for all age groups include Doxycycline and it must to be started early because a delay in initiating treatment may prove fatal [4].



Figure 1: Poorly demarcated erythema of the right leg with an haemorrhagic bullae on the inner side of the right knee.

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Figure 2: (a-d) Maculopapular rash involving trunk, forearms, lower limbs, buttocks and palms.

Our observation illustrated a case of rickettsiosis whose diagnosis is made despite a negative serology while relying on other arguments of strong presumption.

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



Figure 3: Complete healing and clearance of lesions after 7 days of treatment.

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.

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