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RESEARCH ARTICLE

AN INTERESTING CASE OF FEVER.

Dr. J. Venit Rose, Dr. Naveen. R M. D and Dr. V. M. S. Mohamed Gani M. D.
 Intensive Medical Care Unit, SRM Medical College Hospital And Research Centre.

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Abstract

A 38 year old female came with complaints of fever for past 10 days and abdominal distension for 5 days and dark coloured urine for 3 days. Patient went to outside hospital for the same and was investigated which was negative for malaria, widal, leptospirosis. Patient came to us for further management with difficulty in breathing, hypotension and altered liver and renal enzymes. General Examination revealed pallor, icterus. And what we clinically found out was pivotal for diagnosis

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Introduction:-

A 38 year old female came with the complaints of fever for 10 days abdominal distension for 5 days and dark coloured urine for 3 days. History of difficulty in breathing for 2 days and giddiness for 1 day. No history of weight loss/evening rise of temperature/vomiting/headache. No other significant history

On examination:-

Patient was tachypneic and tachycardia. Pallor present, icterus present, bilateral pitting pedal edema present
 Local examination shows dark rash (eschar) in the right infra axillary region



Figure 1:-Eschar

CVS –S1S2 heard no murmur ;RS- Normal vesicular breath sound heard, no added sound ;P/A- soft, hepatomegaly and splenomegaly+ ;CNS- clinically normal. HB- 6.5, TC- 20,000, PLATELET – 1,50,000, UREA - 93, CREATININE- 1.4, T.BILIRUBIN – 5.4, DIRECT BILIRUBIN- 3.3, SGOT – 97, SGPT- 35, ALP-442, GGT-133, Dengue, leptospirosis, Widal – negative, Viral markers negative, SCRUB TYPHUS(IgM) –POSITIVE, Urine routine – Albumin –trace, USG abdomen – hepatomegaly with fatty liver and Bilateral raised renal cortical echoes was present.

Impression:-

SCRUB TYPHUS was diagnosed and was treated with doxycycline 100mg for 7 days

Inference:-

Detailed history taking and clinical examination is always a key for diagnosis. Any fever patient in tropical countries like India scrub typhus should be thought of, and early treatment can be life saving.

Discussion:-

Scrub typhus is a mite borne disease caused by ORIENTIA TSUTSUGAMUSHI. Symptoms usually begin within 10 days of being bitten. Involvement of CNS, pulmonary (ARDS) and cardiac will be there. Rarely acute renal failure, shock and DIC may occur. Basic investigations might show Early Lymphopenia with late lymphocytosis, thrombocytopenia and elevated transaminases levels. 100% fatal if not treated.

Persons in semi urban and rural areas with nearby scrubs and vegetations are at risk for getting bitten by mites.

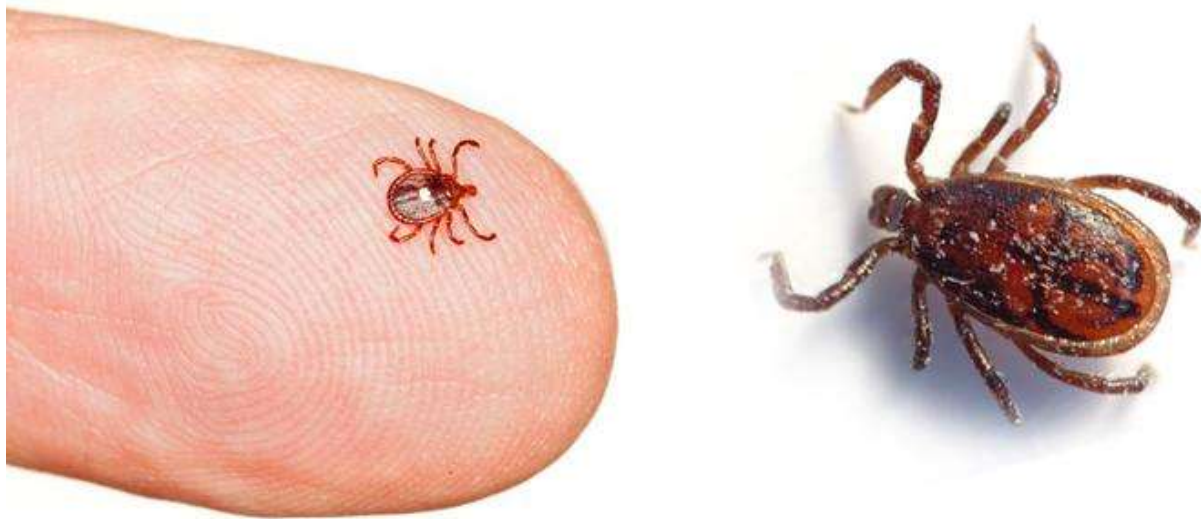


Figure 2:- Chigger Mite

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2. CDC
3. Manson's Tropical Diseases