

A Rare Presentation of Scrub Typhus

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Abstract: Scrub typhus usually presents as a febrile illness, but sometimes it can present with dysfunction in other organs. A rare case of scrub typhus reported with bilateral subconjunctival haemorrhages. The patient improved with intravenous fluids, antibiotics, and supportive management.

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I. Case

An 18-year-old boy was admitted in the department of medicine, Dr Yashwant Singh Parmar Govt. Medical College, Nahan with a history of fever with bilateral red eyes for the past week. The positive findings on his general physical examination were high-grade fever while his systemic examination was within normal limits. Blood investigations revealed tests positive for scrub typhus with deranged renal function and liver function tests, thrombocytopenia, and proteinuria. An ophthalmic consultation was done, which revealed bilateral subconjunctival haemorrhages (figure 1).



Supportive therapy in the form of intravenous fluids along with intravenous azithromycin were given and the child gradually had a complete recovery. The rare feature of our case was that thrombocytopenia in the patient manifested as bilateral subconjunctival haemorrhages while no eschar, organomegaly and lymphadenopathy were seen.

II. Discussion

Scrub typhus is a disease caused by the pathogen *Orientia tsutsugamushi*. The infected larval stages of mites (chiggers) inoculate humans (accidental hosts) while feeding and transmit the disease. It can present as an uncomplicated febrile illness or can present with multiple organ dysfunction in severe cases. Mortality rates from scrub typhus are estimated to lie between 0% - 30% in untreated cases.[1] It usually presents as a febrile illness of acute origin with high fever, malaise, headache, cough, and generalized lymphadenopathy. The most characteristic clinical feature of scrub typhus is the presence of an eschar at the site of the bite of the mite. If present, it is almost diagnostic. The prevalence of eschar is highly variable, from 7 to 80%. Ocular manifestations in the form of papilloedema, soft exudates, engorgement of the retinal veins, uveitis, subconjunctival haemorrhages, optic neuritis, and branch retinal vein occlusion have been reported.[2]

Laboratory studies usually reveal leukopenia, thrombocytopenia, deranged hepatic and renal function, proteinuria and reticulonodular infiltrate. Laboratory confirmation of scrub typhus is generally by serological methods. The recommended treatment regimen for scrub typhus is doxycycline. Alternative regimens include tetracycline, chloramphenicol, ciprofloxacin, rifampicin, and roxithromycin.[3]

References

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