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Bellini et al BMC infectious diseases 2005



Day 10

- Sudation
- Oppressive thoracic pain

➔ Emergency ward



T 37.0°

Skin lesions

Bilateral inguinal adenopathies

No signs of heart failure, no friction rub

⚡ CK, CK-MB and troponin
Leucopenia, ⚡ hepatic enzymes



Normal echocardiography
Thoracic CT, coronarography

What are you doing ?
What is your diagnosis ?

Evolution

Good evolution with doxycycline



Day 11

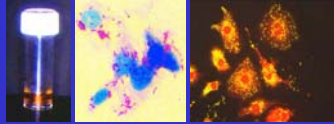
Day 33

IgG 0
IgM 0

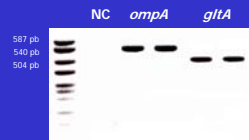
IgG 64
IgM 16

Diagnosis of Rickettsial diseases

- immunofluorescence +/- cross-adsorption
- western-blot
- culture



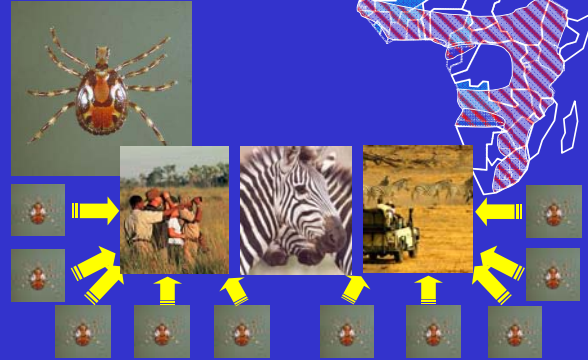
- PCR amplification plus sequencing



- immunohistology (skin biopsy)

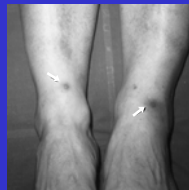
African tick bite fever (*R. africae*)

Amblyomma sp



African tick bite fever (*R. africae*)

- Multiple eschars 54%
- Grouped cases 74%
- Fever 88%
- Rash 46%
- Eschars 95%



Raoult et al. NEJM 2001

Caruso et al. EJMID 2002



Courtesy of P. Brouqui

Raoult et al. NEJM 2001

Mediterranean spotted fever (*R. conorii*)



- Multiple eschars 0%
- Grouped cases rare
- Fever 100%
- Rash 97%
- Eschars 72%



Conclusions

ATBF should be considered in the differential diagnosis of skin lesions in patients returning from endemic areas.

ATBF is generally characterized by the presence of multiple eschars and grouped cases.

Since ATBF may be associated with severe complications, including myocarditis, prevention in travellers and early treatment in patients should be advocated.