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ePoster Viewing

Virology non-HIV/non-hepatitis

A case of brucellosis misdiagnosed as Crimean-Congo haemorrhagic fever

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Turkey is located at an endemic area for brusellosis and Crimean-Congo hemorrhagic fever which are both important public health problems. Both diseases are characterized by fever, malaise, sweating, anorexia and arthralgia. Since the symptoms of brucellosis are non-specific, difficulties in differential diagnosis and misdiagnosis are frequent. In this case report we present a case of brucellosis, misdiagnosed as Crimean-Congo hemorrhagic fever (CCHF). 67 years old male patient presented with fever, fatique He gave a history of stockbreeding and consumption of unpasteurized milk products and contacts with ticks. At initial examination his general condition was average, and he exhibited full consciousness, orientation and cooperation. His body temperature was 38 ?C, blood pressure was 100/60mmHg, heart rate was 100 beats/min and physical examination of the abdomen revealed right lower quadrant tenderness without guarding or rebound. Laboratory findings showed elevated liver enzymes, prolonged phrothrombin time and thrombocytopenia (Figure.). Viral hepatitis markers, CMV-IgM and EBV-IgM were found negative.Abdominal ultrasonography revealed splenomegaly. Other laboratory findings were normal. The epidemiological and clinical features of the patient were typical for CCHF and serum samples sent to laboratory CCHF IgM, and real time polymerase chain reaction (RT-PCR) tests. The RT-PCRand CCHF IgM tests for CCHF were found also negative. Brucellosis was suspected in the differential diagnosis due to history of stockbreeding and consumption of unpasteurized milk products. Standard tube agglutination test for brucellosis was positive at 1/640 titer in serum, whereas no growth of Brucella spp. was detected in blood cultures. Antibiotic therapy with rifampicin and doxycyclin was started.The follow-up of the patient on the first and six weeks of treatment revealed clinical and laboratory improvement. We suggest that brucellosis and CCHF could mimic each other and brucellosis should also be considered in the differential diagnosis of CCHF.