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ePoster Viewing

Virology non-HIV/non-hepatitis

Sandfly fever with skin lesions: case reports from Turkey

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INTRODUCTION: Sandfly fever virus (SFV), which is classified in Phlebovirus genus, Bunyaviridae family, is widely seen in the Mediterranean basin and Turkey. We report a sandfly fever with skin lesions which was epidemiological, clinical, and laboratory aspects of Crimean Congo Hemorrhagic Fever (CCHF) that occurred in Yozgat Province, Turkey. **CASE:** A total of 4 patients who were inhabitants of Yozgat city, who had clinical findings of fever, headache, myalgia and gastrointestinal symptoms such as diarrhea and nausea/vomiting, were admitted to the Infectious Disease Unit of the State Hospital. CCHF and sandfly fever are similar with some clinical and laboratory features. The patients were hospitalized in order to determine a possible agent of infection. Serum samples have been sent to Refik Saydam National Public Health Agency, Virology Reference and Research Laboratory, Ankara. Serum samples were analyzed by using a commercial mosaic immunofluorescence test (IFT). SFV-IgM positivity was demonstrated in 4 patients, while all of the cases were IgG negative and CCHF Ig M and Ig G negative. Of seropositive patients, one were female and three were male with a mean age of 26 (age range: 23-28) years. Clinically, fever, myalgia-arthralgia, headache and diarrhea were detected in all of the cases, and nausea-vomiting and skin lesions (superficial ulcer and some vesicles around the ulcer and erythematous lesion) in two patients of 4 seropositive patients. (Figure 1) Laboratory findings in the patients included leukopenia, thrombocytopenia, and elevated levels of aspartate aminotransferase, alanine aminotransferase, creatine kinase, and C-reactive protein. All patients and skin lesions made a complete recovery with symptomatic treatment. **DISCUSSION:** SFV, which is transmitted to human by different species of sandflies, especially *Phlebotomus* spp., starts with acute onset of high fever and lasts for three days. Therefore sandfly fever should be considered in patients presenting with fever, arthralgia-myalgia and skin lesion and with a history of insect bite especially during summer months. **CONCLUSION:** As a result we want to underline that sandfly virus causes a severe clinical picture with skin lesions to an extent not described before in the literature.

