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An Interesting Case of Scrub Typhus; Not an Uncommon Entity in Tropical Countries

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Tropical fevers with organ failure is one of the leading cause of ICU admissions in India 1 . Commonest tropical fevers that leads to organ failure and ICU admission are Malaria, Dengue and Enteric fever 2. Scrub typhus and Leptospiral disease are less common and are often missed. Scrub typhus is caused by intracellular parasite *Orientia tsutsugamushi* belonging to rickettsia group, arthropod Trombiculid mite is a vector for this disease. It is endemic in Asia-pacific region being less common in India. Scrub typhus is manifested with fever, headache, myalgia and flu like symptoms, approximately 5-14 days of being bitten by infected trombiculid mite. An eschar at the site of the bite is a classical feature of the disease as shown in the figure. It begins as a papule, which ulcerates and then form a dark scar, like a cigarette burn. It is mainly seen in the anterior part of the body 3 . Severe complications include liver failure, acute kidney injury, acute lung injury. Often patients can have severe neurological manifestations such as encephalitis and meningitis. The mortality rate is between 6% - 70% 4 . Diagnostic test for scrub typhus includes indirect immunofluorescence test, indirect immune-peroxidase assay, ELISA test, immunochromatographic test. Immunofluorescence test and ELISA test are quick, high specificity (84%-100%) with sensitivity of (70%-100%). Cell culture and antigen detection has high specificity (100%), with low sensitivity (50%) it is time consuming and expensive. Treatment consists of Doxycycline for 10 days. Azithromycin is an alternate drug.

Biography

Gopika Ambalathara Gopinath completed her MBBS from India and currently she works in the UK. She aspires to become an Emergency Medicine Practitioner in the NHS. experience in the field of pharmaceutical chemistry and analytical laboratory techniques.

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