Spotted fever rickettsiosis in North India

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Rickettsiosis consists of spectrum of vector borne diseases caused by small Gram negative obligate intracellular bacteria which includes epidemic typhus, scrub typhus and spotted fever. Rickettsial diseases have been reported from various parts of India. Here, this is the first case series belonging to “spotted fever” group being reported from Uttar Pradesh, a Northern state of India. A total of four cases were from rural areas of Uttar Pradesh, referred with history of high grade fever with chills, rigor and irritability, headache, myalgia, vomiting followed by cold and cough, abrupt onset of generalised erythematous macular/maculopapular rash and swelling all over body. Vital parameters noted were as follows: pulse rate 140-150/minute, blood pressure ranging from 90/60-110/70 mm Hg, respiratory rate varied from 30–60/min. Systemic examination of abdomen revealed mild hepatosplenomegaly in all. Routine blood testing revealed Hemoglobin (Hb) varied from 8-10 gm%, total white cell count between 11,000–13,500/cu mm. Serology for typhoid, malaria and dengue were negative. Blood samples were tested for *Rickettsia conorii* IgM by ELISA and were positive. *Rickettsia conorii* IgG was negative for all patients. Further, the blood samples were also tested by Weil Felix Test which were positive against OXK & OX2 on days 1 and 6 both. All patients were empirically treated with injection ceftriaxone and amikacin. Once reports were available, patients were also given oral doxycycline 5 mg/kg/day in two divided doses for 5–7 days. There was dramatic improvement in patient’s condition and they were all discharged within next 7-9 days.

Biography

Chandra Dev Pati Tripathi has completed his M.Sc. at the age of 24 years from Dr. R. M. L. Avadh University, Faizabad, U.P., India and currently pursuing his Ph.D. from King George’s Medical University, Lucknow, India. He has published 7 papers in reputed journals and 5 sequences submitted to NCBI.

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