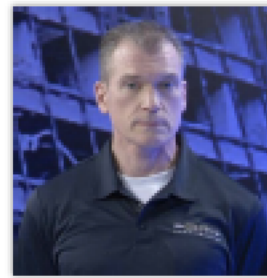


Case Report

Rash and eschar acquired in South Africa with Dr. Michael Shertz

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Dr. Michael Shertz
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A 47 year old male presents to the Emergency Department with an “abscess” on his back. He returned from 12 days hunting in South Africa one-week prior. He noted tenderness inferior to his scapula during the return trip and identified redness and a “pustule” when he looked in the mirror.

Review of Symptoms: Mild myalgias, arthralgias and feeling “flu-ish”, but denies definite fevers, nvd, cough, SOB, cp, or abd pain. He is completing his Malarone course post travel and was fully vaccinated for travel to Africa.

He is afebrile with a lacy, erythematous, blanching rash on his back. There is a 3-5mm black, oval eschar inferior to the scapula with surrounding erythema and induration. He has unilateral axillary lymphadenopathy.

Differential for a rash and feeling “flu-ish” post travel to Africa includes malaria, typhoid, rickettsial infection, and dengue. Differential for an eschar includes myiasis, rickettsial infection, cutaneous anthrax, and *Loxosceles* spider envenomation.

Presumptive Diagnosis: African Tick Bite Fever

Treatment: Doxycycline 100mg PO bid for ten days

Causative Organism: *Rickettsia africae* transmitted by the bite of *Amblyomma* genus ticks

Geographic Distribution: Sub-Saharan Africa, similar species in Caribbean, North, and South America

The incubation period is 5 to 7 days and it is a milder illness than Rocky Mountain Spotted Fever.

Fatalities are rare. Similar to Mediterranean Spotted Fever (*R. conorii*), but generally much less severe.

Up to 80% of host ticks are infected compared to only 1 in 1000 for RMSF. The majority of patients present with fever (59 – 100%), headache (62 – 83%), rash (15 – 46%) and eschar (53 – 100%). Multiple eschars can be present (21 – 54%).

Serology is available to confirm the diagnosis, but history and presence of an eschar is classic.

See the Spotted Fever Group Rickettsioses chapter in *Tropical Infectious Disease, 2nd edition* for further discussion.



A 47-year-old male with a 3-5mm black, oval eschar inferior to the scapula with surrounding erythema and induration

