

Boutonneuse groznica uzrokovana krpeljima prenesenom infekcijom s *Rickettsijom conorii*

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KLJUČNE RIJEČI: Boutonneuse groznica; *Rickettsia conorii*; Rikecioza skupine pjegavih groznica; ugrizi krpelja

UVOD: Boutonneuse groznica, poznata i kao Mediteranska pjegava groznica (MPG), zoonotska je bolest uzrokovana infekcijom gram-negativnim aerobnim bakterijama *Rickettsia conorii* čija je inkubacija do 7 dana. Glavni prijenosnik je krpelj *Rhipicephalus sanguineus*. Simptomi rikecioza skupine pjegavih groznica (SPG) uključuju osip, glavobolju, groznicu, mialgiju i eshar na mjestu uboda.

PRIKAZ SLUČAJA: 70-godišnji muškarac primijetio je krpelja veličine 3mm na desnom testisu nakon posjete hrvatskoj obali. Potražio je medicinsku pomoć i prezentirao se lokaliziranim crvenilom, nastankom kraste na mjestu uboda i povišenom tjelesnom temperaturom. Ostali simptomi uključivali su glavobolju i mialgiju. Tijekom fizičkog pregleda primijećen je difuzni makularni osip s purpurastim karakteristikama na gornjim i donjim udovima te bezbolni eshar u lijevoj ingvinalnoj regiji. Na ultrazvuku je viđena splenomegalija i hepatomegalija s parenhimalnim hiperehogenim lezijama promjera 18mm, što sugerira hemangiom. Laboratorijski testovi su pokazali trombocitopeniju, povišenu razinu laktat-dehidrogenaze (350 U/L), kreatinina, fibrinogena i D-dimera većih od 4.57 g/L. Neizravna imunofluorescencijska analiza detektirala je IgM antitijela na bakteriju *Rickettsia conorii*, a kasnije i serokonverziju na IgM i IgG, što ukazuje na rikeciozu. Liječenje je uključivalo dvotjednu terapiju doksiciklinom i tjedan dana terapije azitromicinom. Na kontrolnom pregledu laboratorijski parametri su normalni i viđeno je potpuno povlačenje osipa iako se suha krasta i dalje zadržala.

ZAKLJUČAK: Rikecioza je endemska bolest duž hrvatsku obalu. S obzirom na njenu rijetkost, obično se dijagnosticira u kasnijem stadiju s ozbiljnim komplikacijama kod pacijenata s komorbiditetima koje se prezentiraju kao miokarditis, retinalni vaskulitis, ruptura slezene i hemofagocitni sindrom. U slučaju pravovremenog započinjanja terapije, smrtnost je manja od 5%.

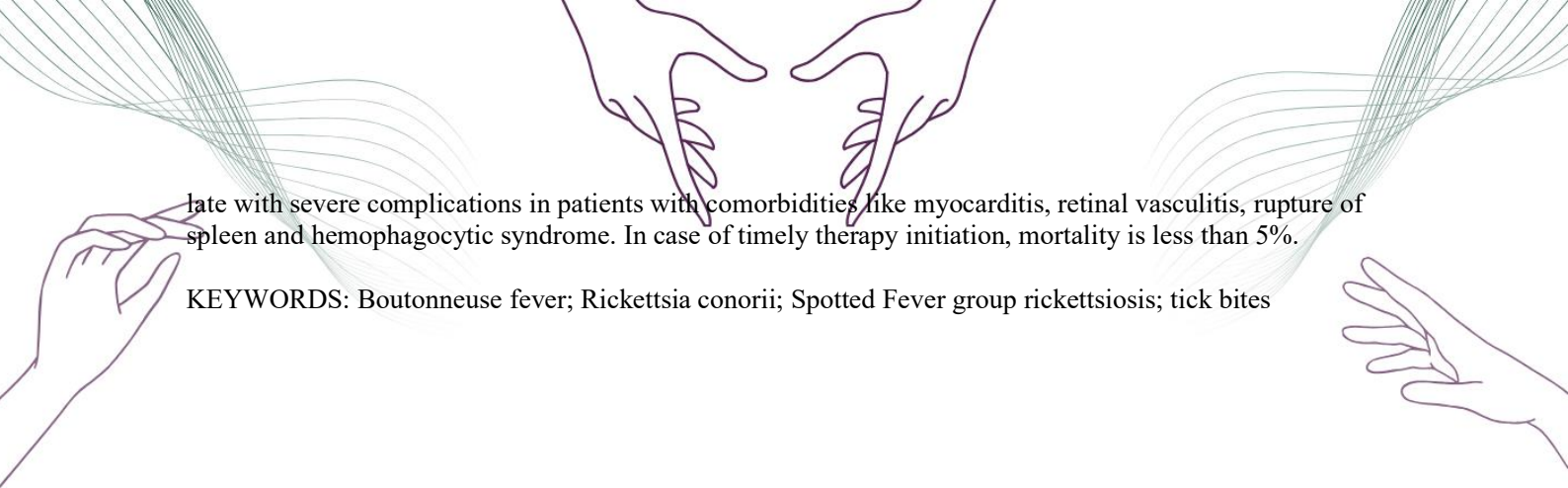
Boutonneuse fever caused by tick-borne infection with *Rickettsia conorii*

INTRODUCTION: Boutonneuse fever, also known as Mediterranean spotted fever (MSF), is a zoonotic febrile disease caused by infection with a gram-negative, aerobic bacteria *Rickettsia conorii* with incubation up to 7 days. The predominant vector is a tick *Rhipicephalus sanguineus*. Symptoms of spotted fever group (SFG) rickettsioses are rash, headache, fever, myalgia and eschar at the site.

CASE REPORT: A 70-year old man discovered a 3mm tick on his right testicle after visiting the Croatian coast. He sought medical help and presented with localized redness, formation of crust on site and fever. This was accompanied by symptoms including headache and myalgia. Upon physical examination, diffuse macular rash with purpuric features was observed on the upper and lower extremities and a painless black eschar was identified in the left inguinal region. On ultrasound, splenomegaly and hepatomegaly with parenchymal hyperechoic lesions 18mm in diameter were seen, suggesting hemangioma. Laboratory tests revealed thrombocytopenia, lactate dehydrogenase 350 U/L, creatinine, fibrinogen and D-dimers over 4.57 mg/L. Indirect Immunofluorescence Assay (IFA) detected *Rickettsia conorii* IgM antibodies and later a seroconversion to IgM and IgG indicating rickettsiosis. Treatment involved two-weeks doxycycline and one-week azithromycin therapy. Follow-up assessments revealed complete resolution of the rash and normal laboratory parameters, although the dry crust persisted.

CONCLUSION: Rickettsiosis is endemic along the Croatian coast. Given its rarity, it is usually diagnosed



An illustration at the top of the page shows several hands in purple line art. Two hands are positioned at the top center, holding a string that loops around. Other hands are visible on the left and right sides, also interacting with the string. The background is white with a green gradient at the bottom.

late with severe complications in patients with comorbidities like myocarditis, retinal vasculitis, rupture of spleen and hemophagocytic syndrome. In case of timely therapy initiation, mortality is less than 5%.

KEYWORDS: Boutonneuse fever; *Rickettsia conorii*; Spotted Fever group rickettsiosis; tick bites

