Fever of Unknown Origin: Splenic Micro Abscesses in Cat-Scratch Disease

Kathryn Moffett1* and Raul Sanchez2

1Department of Pediatrics, Pediatric Infectious Diseases, West Virginia University, USA
2West Virginia University School of Medicine, USA

CLINICAL IMAGE

A 19 month old previously healthy toddler had 16 days of fever ranging from 37.8°C to 40.0°C (100°F -104°F). She had intermittent cough, but no chills, night sweats, rhinorrhea, emesis or diarrhea, lived with her parents and 3 older siblings, and did not attend daycare. Her immunizations were up to date, and the family had a new kitten. Examination was normal without scratches or lymphadenopathy. Testing for Group A β-hemolytic strep, respiratory syncytial virus (RSV), and influenza virus was negative. Blood and urine cultures were sterile. White blood cell count was 13.8 x 109 per liter (L), differential: 47% polymorphonuclear cells, 44% lymphocytes, 9% monocytes. Erythrocyte sedimentation rate was 60 mm/hr. Ultrasound and computerized tomography of the liver and spleen revealed micro abscesses. Splenic lesions are shown in (Figure 1). With a suspicion of hepatosplenic cat-scratch disease (CSD), serologic testing for Bartonella hensalae was performed; B hensalae IgG>1:1024 confirmed the diagnosis. Little is known about the incidence of hepatosplenic CSD or the optimal antibiotic treatment duration of patients. A large series of cases of hepatosplenic CSD published in 1997 found that 64% of the children complained of abdominal pain and all improved very quickly with antibiotic treatment [1]. Our patient improved and fever resolved within 3 days with oral azithromycin and rifampin.

REFERENCES