

Clinical Image

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

Kathryn Moffett^{1*} 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 13.8×10^9 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.

REFERENCE

1. Dunn MW, Berkowitz FE, Miller JJ, Snitzer JA. Hepatosplenic cat-scratch disease and abdominal pain. *Pediatr Infect Dis J*. 1997; 16: 269-272.

*Corresponding author

Kathryn Moffett, Department of Pediatrics, West Virginia University, Section Chief, Pediatric Infectious Diseases, USA, Tel: 304-293-1201; Fax: 304-293-1216; Email: kmoffett@hsc.wvu.edu

Submitted: 15 June 2016

Accepted: 09 July 2016

Published: 12 July 2016

Copyright

© 2016 Moffett et al.

OPEN ACCESS



Figure 1 Splenic lesions from cat scratch disease-top image with solid arrow from ultrasound; bottom image with open arrow from CT scan).