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Acute pericarditis during a complicated Mediterranean spotty fever

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The acute pericarditis is a rare complication of the Mediterranean spotted fever caused by the *Rickettsia conorii*. The publications of which brought back in the literature remains few. We report the case of a man, 48 year-old, no smoking and without previous diseases, hospitalized on 16/10/2014 in altered general state, for a feverish eruption associated with severe muscular and articular pains, severe headache, hacking cough and constipation. The clinical examination had highlighted a spotty generalized exanthema sparing the face and petechial in lower limbs, a black ulcerous crus present on the left hip, blotted belly and Oedema of lower limbs. The diagnosis of the Mediterranean spotted fever complicated with acute renal insufficiency was easy in front of the clinical signs and the notion of sting of tick, consolidated by the score of the diagnosis of the Mediterranean spotted fever of Raoult. the analysis of the biological parameters had shown an acute renal insufficiency, hepatic cytolysis in depends on ASAT in twice the normal, a thrombopenia in 63000/mm, hyper leucocytosis for granyocyte, a moderate rise of the LDH and CPK, CRP about 24 mg/l and a normal ECG. The patient received doxycycline and hyperhydration with clinical and paraclinical supervision. In the third day of the treatment, the petechial rush became widespread, the general state improved, the renal function cured; from the fourth day of the treatment, the fever arises in the evening and persists while the rush began to decline. In the seventh day, the systematic cardiac auscultation objectified a noise of friction with regular palpitation and the ECG showed a sub-gap of the segment PQ, noting the absence of dyspnoea or thoracic pain. The biology had shown an increase of the ASAT in 4 times the normal while the ALAT normalized. The cardiac ultrasound confirmed the diagnosis of pericarditis junior. The evolution was quickly favorable under corticoids and colchicines with normalization of the ECG and the cardiac ultrasound at the end of the week. This observation demonstrates the interest of the systematic cardiological supervision, worth knowing: The cardiac auscultations, ECG even the cardiac ultrasound, during the Mediterranean spotted fever in particular in case of persistent fever or in case of complicated forms.

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