



## Case Report

# Rare Manifestation of Scrub Typhus

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### **History and Examination**

18 years young female patient, with no co-morbidities came with history of fever, generalized body pain since 5 days. Physical examination revealed severe neck rigidity with positive kernigs and brudzinski signs. Other systems were unremarkable. All vitals were stable.

### **Investigation and Stay in Hospital**

Blood reports revealed mild iron deficiency anemia with thrombocytopenia. Malaria, Dengue profile was Negative. Chest x ray and ultrasound abdomen and pelvis was also unremarkable. Provisional diagnosis of Meningitis with Thrombocytopenia was made. CT BRAIN was also done and showed mild ventriculomegaly. In view of severe neck rigidity with positive meningeal signs, Lumbar puncture was done and reports were unremarkable. Patient was started on IV Ceftriaxone and steroids.

However, 3 days later, patient had high grade fever with rashes all over her body with conjunctival congestion. Patient also complained of holocranial type of headache. All blood tests were repeated and in addition to previous tests, Scrub

Typhus antibody test was done by screening card method and was positive for IgM antibody. All other blood reports were normal.

A Final Diagnosis of Acute Scrub Typhus fever with thrombocytopenia was made. Patient was started on oral Doxycycline and Iv fluids and patient recovered after 1 week of treatment.

### **Conclusion**

Scrub Typhus is a mite borne disease caused by orientia tsutsugamushi. It is an acute febrile infectious illness, usually presents as headache, chills, lymphadenopathy, anorexia, with small, painless papule formation leading to central necrosis of skin followed by eschar formation.

Scrub Typhus presenting as severe neck rigidity with positive meningeal signs is a rare occurrence with incidence of less than 5%.

So, as a part of management of Meningitis, rare causes such as scrub typhus should be kept in mind as it can lead to devastating complications including death of patient.