South Dakota ACP Annual Scientific Meeting
September 12-14, 2018
Deadwood, SD

“Have I Got A Case For You”
Regional Medical Clinic
In God We Trust!
all others pay cash

REGIONAL MEDICAL CLINIC
Travel Medicine Beginnings
1954
STEVEN STOCKS, aged seven, was one of 371 Bradle County children who went through "receiving line" at the Huron Arena last Tuesday to get their Salk polio vaccine, right, hurts. At least that's what young Stocks, who lives at 675 Nebraska S. W., thinks.
“Those Darn Spiders!”
A Travel Medicine Axiom:

“Traveling expands the mind and loosens the bowels.”

Jay Keystone
Those Darn Spiders!

A middle aged, healthy, WF traveled on a 10 day mission trip to rural areas of South Africa.

During the middle of the trip she noticed a small “sore” on the top of her left foot.

No insect bites were noticed.
Days 1-4 after return:

She developed a HA with fever, weakness and fatigue. The foot became increasingly painful and swollen.

She developed tenderness in the groin and tender red lesions on the leg.
The patient sought care in a Phoenix, AZ clinic where she was told she had a spider bite.

She was given a prescription for amoxicillin/clavulanic acid (Augmentin).
During the morning of Day 7:

Her leg and foot were more painful and she continued to have headache and fever.

She went to a Phoenix ER where the amoxicillin/clavulanic acid was changed to a different antibiotic and she was given tramadol for pain.
In the evening of Day 7:

While out to dinner with her family, the patient became increasingly ill with severe HA and weakness.

She took one tramadol for pain, became nauseated and fainted. Her family took her to the Mayo Clinic ER where she was given a referral to an ID specialist.
On day 8:

At the suggestion of her daughter, the patient calls you from Phoenix on her cell phone, since she could not be seen by the ID service for 48 hours.
You ask about:

- Any abnormal lab reported? No
- Has the new ABX helped? No
- Are the foot and leg still painful? Yes
- Do you still have HA, fever & chills? Yes
What would you ask for next?
Ask for a picture of her foot.
Ideas?
What is the most likely diagnoses?

- Brown recluse spider bite
- Bacterial infection with lymphadenitis
- Boutonneuse fever
- African tick bite fever
- Cutaneous anthrax
What Is Your Treatment?

- Topical antibiotics
- Ciprofloxin 500 mg bid for 7-10 days
- Chloramphenicol 50 mg/kg/day IV divided q 6 hr
- Doxycycline 100 mg bid until fever gone for 3 days
- Azithromycin 500 mg daily X 7 days
One week after beginning the treatment of choice the patient was back in Rapid City.

She is feeling well with residual healing eschar.
The next three slides are additional patients with the same diagnosis.

They were on safari in bordering Zimbabwe and Swaziland.
Discussion
African Tick Bite Fever

- Similar to RMSF but is Rickettsia africae species
- Mild to mod clinical illness with HA, fever, myalgia
- Solitary or multiple classic eschars, “tach noir”
- The scant generalized rash is often absent
- A long lasting subacute neuropathy and myocarditis (less commonly observed)
African Tick Bite Fever

• Spread by the common “pepper tick”

• Occurs:
  • Sub-Saharan Africa especially South Africa, Botswana and Zimbabwe
  • Caribbean especially Guadeloupe Is.

• Treatment options:
  • Doxycycline 100 mg bid until fever gone X3 d
  • Azithromycin 500 mg daily X7 d (for mild cases)
The End