Scrub Typhus with Splenic Infarct - An Unusual Presentation

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Abstract

A 16 year old adolescent boy presented to the emergency with history of fever of 2 weeks duration, pain in abdomen and in shock. The patient was stabilized hemodynamically. He continued to have abdominal pain and high grade fever with chills and rigors. On examination he had a transverse scar of an earlier abdominal surgery and an eschar over the scar. There was also diffuse tenderness over the abdomen, but no organomegaly. Other system examination was unremarkable. In view of persistent abdominal pain, CT abdomen was ordered which demonstrated malrotated small bowel loops causing gross dilatation of larger bowel and hypodense areas in spleen suggesting splenic infarct. Lab investigations demonstrated a polymorpho-leukocytosis and a positive serology (IgM) for scrub typhus. All other parameters were normal. Patient was managed conservatively with doxycycline. He showed good clinical response and recovery.