Commentary

A severe scrub typhus case with erythema multiforme caused by Orientia tsutsugamushi

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Abstract: Scrub typhus is a common disease caused by Orientia tsutsugamushi in the tropical/temperate zone. It usually shows the skin lesions, including eschar, but erythema multiforme is rare.

Keywords: Rickettsia, Ticks, Drug eruption, Minocycline, DIC

1. Commentary

Scrub typhus is a disease caused by a rickettsia, Orientia tsutsugamushi, and patients usually show a specific eschar, papules, and erythema ranging in size from rice grains to beans, with treatment being antibiotics for mild cases [1, 2].

However, severe cases can occur. A 72-year-old man who was taking oral amoxicillin 500 mg three times/day following tooth extraction 10 days earlier presented with general malaise and erythema multiforme with target lesion, and a drug eruption was diagnosed (Figure 1A). No medications were given, and antibiotic treatment was withdrawn, but he lost consciousness half a day later and was transported to the Emergency Department.

The characteristic eschar from a tick bite was found (Figure 1B), and scrub typhus, such as tsutsugamushi disease, was diagnosed. We found anti-Tsutsugamushi IgG and IgM were also increased significantly. Intravenous minocycline 100 mg twice/day was started immediately, and his fever decreased the day after admission and finally improved two weeks later.

Erythema multiforme is a very rare skin lesion in tsutsugamushi disease and is often misdiagnosed as a drug eruption [3, 4], but severe rickettsial diseases should be considered, and efforts should be made to identify the characteristic eschar caused by the tick bite.

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Figure 1. The patient’s skin lesions. (A) Erythema multiforme is found on the whole of his back. (B) The characteristic eschar is found on the medial side of his left thigh.

References


