

ESIM WINTER SCHOOL 2014

Case study of J.F.

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Anamnesis:

- 65 y, man
- recurrent fever upto 39°C for 2 weeks
- productive cough
- nausea, diarrhea
- joint pain

Comorbidities:

- arterial hypertension
- psoriasis
- gout
- hypercholesterolemia

Habits:

- occasional alcohol consumption, discontinued tobacco pipes smoking

Medication:

- Inspra (Eplerenon)
- Atenolol (Atenolol)
- Esidrex (Hydrochlorthiazid)
- Crestor (Rosuvastation)
- Aspirin Cardio (ASS)
- Allopur (Allopurinol)

- 1 week of symptomatic therapy with:
Alcacyl (Carbasalat) , Bexin(Dextromethorphan),
Resyl (Guaifenesin), Panadol (Paracetamol)

Do you need any further
infos ?



Travel history: vacation in Lanzarote 1 month ago

Environment: nobody else in direct contact with the patient has been affected

Allergies: no

Vaccination status: unknown



Physical examination:

- 141/103, 108bpm, 90%, 37,1°C
- integument: macular confluent blanchable exanthema emphasized on the trunk



- lungs: dry rales on the lower right side
- no other pathologies

What about Diagnostics ?



Laboratory tests:

- INR 1.1
- **blood cultures** (2x2): no bacterial growth
- **urin:** microhematuria
pneumococcus and legionella antigens negative

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|--------------------------|----------------|---------------------|
| BLUTSTATUS | | |
| Leukozyten | 3.5-10.0 k/ul | 5.2 |
| Erythrozyten | 4.50-5.90 M/ul | 5.00 |
| Hämoglobin | 140-180 g/l | 160 |
| Hämatokrit | 40-52 % | 44 |
| MCV | 80-100 fl | 89 |
| MCH | 28-33 pg/Ec | 32 |
| MCHC | 33-36 g/dl | 36 |
| Ec-Verteilbr. | 11.5-14.5 % | 12.5 |
| Thrombozyten | 139-335 k/ul | 143 |
| LC-DIFF (Automat) | | |
| Basophile | 0.0-1.0 % | 1.0 |
| Basophile | <0.09 k/ul | 0.05 |
| Eosinophile | 2.0-4.0 % | 0.2 |
| Eosinophile | 0.08-0.36 k/ul | 0.01 |
| Lymphozyten | 25.0-40.0 % | 17.8 |
| Lymphozyten | 1.00-3.60 k/ul | 0.92 |
| Monozyten | 2.0-8.0 % | 6.2 |
| Monozyten | 0.08-0.54 k/ul | 0.32 |
| Neutrophile | 55.0-70.0 % | 74.8 |
| Neutrophile | 2.20-6.30 k/ul | 3.87 |

Laboratory test
2nd Part:

| SERUM-METABOLITE, PROTEINE | | |
|-----------------------------------|------------------|-------------|
| Harnstoff | 2.8-7.6 mmol/l | 6.0 |
| Kreatinin | 80-133 umol/l | 98 |
| Albumin | 34-48 g/l | 39 |
| Glucose | 3.8-6.0 mmol/l | 8.2 |
| Bilirubin, ges. | 3.4-17.0 umol/l | 15.7 |
| Harnsäure | 202-416 umol/l | 199 |
| CRP | <5.0 mg/l | 89 |
| SERUM-ELEKTROLYTE | | |
| Natrium | 136-145 mmol/l | 124 |
| Kalium | 3.6-4.5 mmol/l | 3.7 |
| Calcium, total | 2.20-2.55 mmol/l | 2.22 |
| Osmolalität | 280-300 mOsm/kg | 251 |
| LIPIDE | | |
| SERUM-ENZYME | | |
| ASAT (GOT) | 9-45 U/l | 92 |
| ALAT (GPT) | 8-63 U/l | 49 |
| Alkal.Phosphat. | 45-122 U/l | 54 |
| GGT (γ-GT) | 11-50 U/l | 110 |
| CK, gesamt (Akt.) | 24-204 U/l | 2334 |
| CK-MB (Akt.) | <25 U/l | 47 |
| CK-MB, % | <8.0 % | 2.0 |
| LDH, gesamt | 240-480 U/l | 1185 |

Any ideas ?




Any ideas ?

- Drug eruption
- Scarlet fever
- Rubella
- Measles
- Mononucleosis (EBV)
- CMV
- HIV
- Paraneoplastic (a.e. lymphoma)



Serology:

| EXTERNE ANALYSEN | | | |
|-----------------------|---------|-------|-----------|
| Cytomegalovirus IgG | <6 | AE/ml | 108* |
| Cytomegalovirus IgM | negativ | | negativ |
| EBV early Antigen IgG | <100 | U/ml | 57 |
| EBV VCA IgG | <100 | U/ml | 919* |
| EBV VCA IgM | <100 | U/ml | 12 |
| EBV NA-1 IgG | <100 | U/ml | 254* |
| Masern Virus IgG | 150-300 | IU/l | <150* |
| Masern Virus IgM | negativ | | positiv*c |



Diagnosis and therapy:

Measles infection



-> symptomatic therapy:

- Dafalgan (Paracetamol) 4x1gr
- Resyl (Guaifenesin) 3x20Trpf if needed
- isolation

Further course:

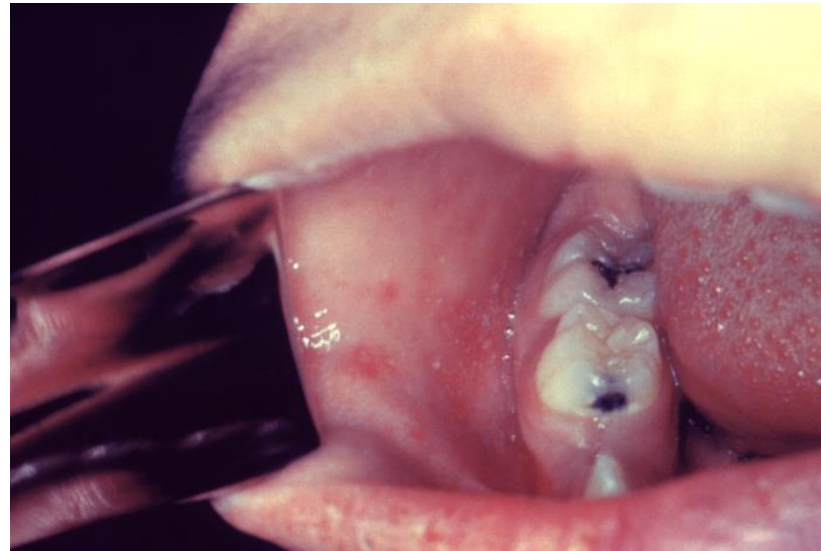
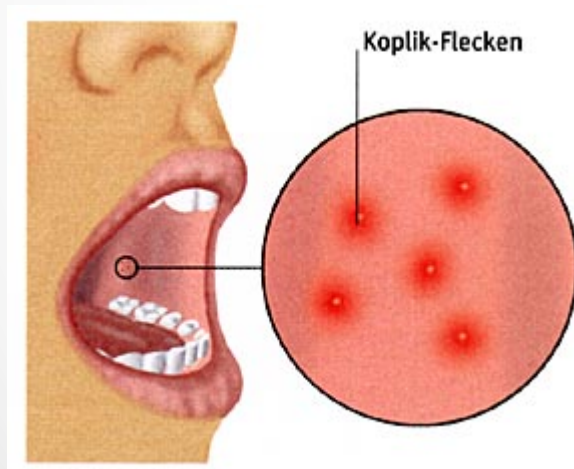
- the initial macular exanthema changed to a maculopapular one, which faded after scaling
- improvement of general state after one week
- The patient was discharged after 2 weeks in good general condition



Measles:

General:

- caused by Morbillivirus (Paramoxyvirus)
- 4 phases:
 - 1) incubation: silent (9-12d)
 - 2) invasion: fever, abdominal pain, diarrhea, conjunctivitis, **Koplik spots** inside the mouth (24 hours) before the rash begins
 - 3) eruption: **macular erythematous skin rash**
 - 4) desquamation



highly contagious (from incubation until desquamation), spread through direct contact with fluid from the mouth or nose or through aerosol transmission

Complications:

- Pneumonia
- Acute Encephalitis (1/1000 cases, 15% mortality rate)
- Subacute sclerosing Panencephalitis (years after the infection, 1/100 000 cases, 100% mortality)
- Corneal ulceration

Treatment:

Symptomatic

Ig for immunosuppressed, pregnant women and children < 6 months

Prevention:

children are immunized against measles by the age of 18 months, generally as part of a three-part MMR vaccine

Important: Mortality 1/1000 in developed countries



Thank
you

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