

## Medical Imagery

## Scrub typhus pneumonitis

In late March 2009, there was an outbreak of a febrile illness with severe shortness of breath among nearly 100 infantry soldiers deployed to a single location of northern Sri Lanka. Almost all of these patients had widespread coarse crackles in both lungs and reduced arterial oxygen saturation. The facial appearance and chest X-ray of one such soldier are shown below (Figure 1). An eschar-like lesion was detected on his face, and the possibility of anthrax was raised. As rickettsial diseases are re-emerging in Sri Lanka,<sup>1</sup> the possibility of scrub typhus was also considered. He was

found to have high antibody titers against *Orientia tsutsugamushi* by indirect fluorescent antibody assay (1:1024 on admission and 1:8192 two weeks later), and the illness responded to intravenous chloramphenicol within 72 h. His clinical presentation and response to treatment helped in the diagnosis and treatment of the other affected soldiers.

Rickettsial infections are re-emerging in the Asia Pacific region and have diverse clinical presentations.<sup>2</sup> In most endemic areas, rickettsial disease confirmatory tests are not available. The presence of clinical features such as eschars helps in the diagnosis.<sup>2</sup> Undiagnosed rickettsial infections may result in severe complications such as pneumonitis, myocarditis, encephalitis, or multi-organ failure, carrying a high mortality.<sup>3</sup>

*Ethical considerations:* Permission to publish clinical details was obtained from the ERC, Faculty of Medicine, University of Kelaniya, Sri Lanka. Informed written consent was obtained from the patient to publish his photograph.

*Conflict of interest:* We do not have competing interests to declare on this paper.

## References

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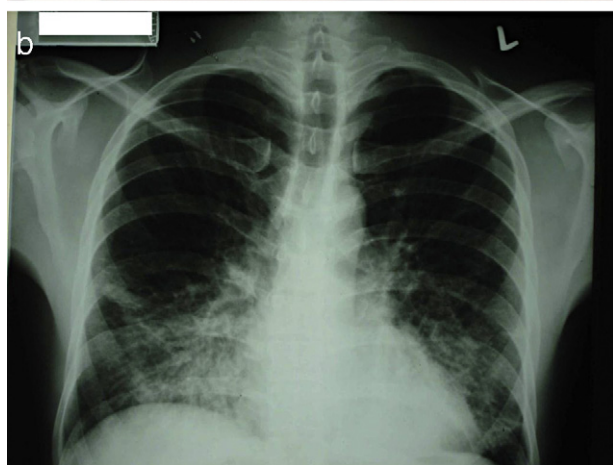


Figure 1. (a) Facial appearance of a patient; (b) chest X-ray of the same patient.

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