Presence of Herlichia Chaffeensis in Italy. A case of Human Monocytic Ehrlichiosis

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Abstract

In this work we report the first case of Human Monocytic Ehrlichiosis (HME) in Italy. In November 2010 a 15-year-old girl was admitted to the Department of Veterinary Public Health, University of Messina, Sicily, Italy. She complained of fever, headache, malaise, lymphadenopathy, cough, pharyngitis, erythema, myalgia, existing rash, abdominal pain and conjunctivitis. The patient was Herlichia Chaffeensis IFA positive.

Keywords: Ehrlichia Chaffeensis; Human Monocytic Ehrlichiosis

Introduction

Human monocytic ehrlichiosis (HME) is a tick-borne illness caused by Ehrlichia Chaffeensis and it is considered an emerging zoonosis in the USA and Europe (3, 4). To our knowledge, only three case of U.S. citizens bitten by ticks in Sardinia (La Maddalena) has been reported in Italy (1, 3). The first case of HME in an Italian girl is presented in this work.

Clinical Observation

Patient

In November 2010, a 15 years-old girl was admitted for important submandibular painful lymphadenopathy (43x28 mm on the left and 52x37 mm on the right), headache, myalgia, existing rash, abdominal pain, conjunctivitis and a black round cutaneous lesion between the fourth and fifth finger of the left foot. The patient asserted that the symptoms appeared for the first time 14 days earlier. In that period she had been in contact with her sick cat that presented with fever, lethargy, poor appetite and shed hair. Physical examination showed spleen was feel. Chest radiographs and abdominal ultrasonography were normal. Laboratory studies showed GB 6900 mmc, N 45.5%, L 47.4%, M 6%, E 2%, PLT 355000 mmc, PCR 3.40 mg/dl (n.v. <0.5), VES 40 (n.v. <15). An examination of peripheral blood smear revealed a lymphomonocytosis. The hemoglobin level, AST, ALT, and LDH levels were normal.

Treatment with doxycycline was started empirically and fever disappeared within 48 h.

Serologic test results were negative for Ricketsia, Anaplasma phagocytophilum, Borrelia burgdorferi, Bartonella, Brucella, Mycoplasma P, Clamidia P. In acute phase a blood sample obtained before starting doxycycline treatment showed an antibody IgG titer by IFA assay of >1:80 for Herlichia Chaffeensis; the convalescent serum testing shows the presence of Herlichia Chaffeensis in Italy. Herlichia Chaffeensis should be included in differential diagnosis of clinical pictures with compatible epidemiological context (9).

References

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