Sir,

With respect to the recent article on Rickettsial fever in the journal in the June 2014 edition we wish to share our experience from Bangalore Baptist Hospital, Bangalore which is an urban tertiary care centre. We did a study on patients with pyrexia of intermediate duration and found how common Rickettsial fevers are even today. 92 adult patients with pyrexia of intermediate duration (5 – 28 days) aged 18 – 60 years who presented to the Medicine department of our hospital during one year period from March 1st 2007 to March 1st 2008 were studied. We excluded immunocompromised patients, patients with localising symptoms or investigations suggestive of URTI, LRTI, positive blood cultures for typhoid, malaria. Each selected patient underwent clinical examination and laboratory investigations to rule out common causes of fever and also PCR typhus was done. We found that of the 92 patients, total of 8 patients were positive for PCR typhus (8.7%). The other fevers seen in the present study were enteric fever (3.3%), dengue (1.1%) and malaria (4.3%). Majority of the other cases did not yield positive results on any of the tests used in the study.

In our study 7 patients out of the 8 diagnosed to have scrub typhus belonged to the rural areas surrounding Bangalore and it occurred more commonly in the cooler months, (3 cases each in November and December, 1 each in July and August). Mean duration of fever was 11.37 ± 6.52 days. In the study commonly observed symptoms in the positive patients included chills and rigors, headache, vomiting, cough which are all non-specific. Out of all the patients with pyrexia of intermediate duration studied, 10 had hepatosplenomegaly and only 1 scrub typhus positive patient had the sign and 1 out of the total 92 patients had neck stiffness and he was positive for scrub typhus by PCR. None of them had an eschar which is supposed to be characteristic of rickettsial fever. The laboratory abnormalities noted among the positive patients included elevated SGOT/SGPT levels, (7 out of 8 patients) and half the number of positive patients (4 out of 8) showed presence of urine micro albuminuria. These findings are very similar to many of the studies done in the recent past by M Vivekanandan et al from Pondicherry, Narvencar KPS et al from Goa and the study by MVS Subbalaxmi et al.

Scrub typhus accounts for nearly 20% of all cases of pyrexia of intermediate duration in endemic areas. Typhus is rarely diagnosed as a cause of pyrexia of intermediate duration and the public health importance of this disease is underestimated due to lack of diagnostic facilities and a low index of suspicion among health care workers due to the non specific nature of the clinical signs and symptoms. PCR typhus is a rapid and specific test for quick diagnosis of scrub typhus. Moreover definitive treatment of this group of illnesses is relatively simple involving the use of single drug therapy with universally available drugs like Doxycycline, Chloramphenicol, Roxithromycin, Azithromycin.
References

