

The Eschar of Scrub Typhus

Sir,

A 9-yr-old boy presented with twelve days of high-grade intermittent fever with hepatosplenomegaly and a 0.5x0.5cm eschar over upper anterior abdominal wall (Fig. 1). Eschar preceded the fever with itch on the site and a papulovesicular lesion. This ruptured to form a dark brown to black crust over 2 days. Scrub typhus Elisa for IgM was positive. With oral doxycycline his itch disappeared in 12 hrs and fever subsided in 36 hrs. On follow-up after 2 wk the eschar had resolved leaving a small scar.

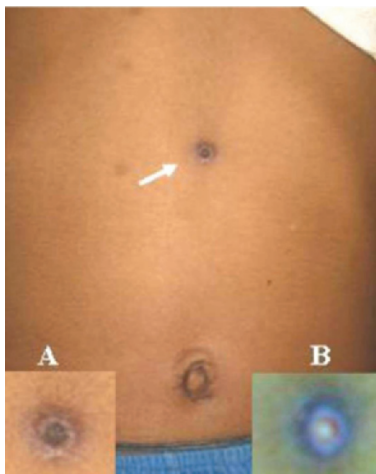


Fig. 1. Typical eschar in upper anterior abdominal wall. (A) Cigarette burn like erythematous halo surrounding a dark necrotic center. (B) Day 10 of therapy: a healing eschar with a punched out center and a black halo.

Scrub typhus or tsutsugamushi disease is a mite-borne rickettsiosis encountered globally. As mite bites are painless, patients are unaware even with eschar and/or fever. The infection begins as a red induration, within 48 hrs enlarges to 8-12mm in diameter that eventually vesiculates and ruptures to form an eschar.^{1,2} It is seen in up to 95% of cases, is usually painless and single, though occasionally pruritic.² Tender lymphadenopathy may be seen in the draining basin. The eschar resolves in 3-4 wks with no sequelae, but may occasionally cause scarring or hyperpigmentation.^{1,2} As eschar at the bite site is the single most useful diagnostic clue, all febrile patients without localizing signs of infection should be examined thoroughly for the same.

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