



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

## SOUVENIRS FROM AFRICA: A CASE OF AFRICAN THICK BITE FEVER

*Rita Bouceiro-mendes<sup>(1)</sup> - Isabel Correia<sup>(1)</sup> - Luís Soares-de-almeida<sup>(1)</sup>*

*Hospital De Santa Maria, Dermatology, Lisbon, Portugal<sup>(1)</sup>*

**BACKGROUND:** African tick bite fever is caused by the intracellular bacterium *Rickettsia africae*. The bacterium is transmitted through the bite of the tick of the genus *Amblyomma*. These ticks are extremely aggressive and actively converge on nearby hosts. The rate of *R. africae* infection in *Amblyomma* ticks is high (up to 100% in some locations). It has been reported as the second most frequent cause of fever in travelers returning from Sub-Saharan Africa.

**OBSERVATION:** We present the case of a 58-year-old male with a three-day history of fever, generalized headache, cervical myalgias and multiple skin lesions. The patient had returned from a tourism trip to South Africa where he visited Cape Town and several remote areas with safaris and hunting activities. He had multiple inoculation eschars (papules with a central black crust surrounded by an erythematous halo) on his legs and a few lesions scattered in the abdomen and upper limbs. Bilateral painful inguinal lymph nodes were palpable. Histological examination performed after a skin biopsy was compatible with a diagnosis of spotted fever and molecular techniques confirmed the diagnosis of *R. africae* infection. The patient was treated with doxycycline (100mg bid) for 10 days with clearance of the infection.

**KEY-MESSAGE:** The increase in international tourism to remote areas predisposes tourists to the tick bite and African thick bite fever should be considered when assessing febrile tourists returning from endemic areas. Travelers should be informed about the risk of contracting the disease and encouraged to adopt preventive measures.

