



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

TULAREMIA-A CASE REPORT

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Background: Tularemia is a systemic infection disease caused by the gram-negative bacterium *Francisella tularensis*. Most commonly humans get infection from ticks and mosquitoes bites but also direct contact with wild and domestic animals or their products can be mode of transmission. Depending on a primary site of infection, Tularemia has several clinical forms including ulceroglandular, glandular, oropharyngeal, pneumonic, oculoglandular, and typhoidal. Among them, ulceroglandular is the most common accounting around 75% of all cases. We present a case of a 48-year-old patient with typical ulceroglandular Tularemia.

Observation: A 48-year-old female patient living in a rural area was admitted to our Departement with polymorphic skin eruption accompanied by neck lymphadenomegaly. Three weeks prior to hospitalization she reported insect bite on the left part of the chin. Day after, erythematous papule was formed accompanied by unilateral lymphadenopathy, malaise, fever and neck pain. She was initially treated by infectologist with Amoxiclav for 10 days but since the treatment was ineffective, the patient was switched to Ciprocinal for the next 10 days. Clinical examination reviled diffuse erythema on the face and dorsal parts of the hands, erythematous nodus with central massive crust on the left part of the chin and left unilateral lymphadenomegaly. Also, disseminated dusty-erythematous plaques and macules with painful nodules were observed on lower parts of the legs. Considering the personal history of the patient, we performed imunohromatografic test for *F. tularemis* which was positive. We decided to continue with Ciprocinal for next 7 days, and also we added Gentamicin with short course of Methilpronisone and local supportive therapy.

Key message: Tularemia is potentially fatal infection. Detailed personal history with focus on epidemiology and evolution of signs and symptoms, as well as good cooperation with infectologist are mandatory for early diagnosis and optimal treatment.

