

Red Spots on the Palms

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Introduction

A 36-year-old male presented at our clinic by early autumn for pruritus and a sudden spotted rash on the dorsum, palms and soles with no fever. (Figure 1 - Figure 3). On examination, a black eschar on the right thigh was found (Figure 4). He denied any contact with rodents or dogs. We ordered laboratory tests including infectious diseases panel. Leukocyte count was $11 \times 1000 \text{ mm}^3$; mild lymphopenia ($18.7\% - 1.3 \times 1000 \text{ mm}^3$) along with monocytosis (12%) and eosinophilia (5.7%) were found. His RCP was 2.90 mg per deciliter. The patient was admitted to Hospital with the clinical suspect of a Mediterranean spotted fever. The diagnosis was confirmed with the serum IgM for *Rickettsia conorii* that was positive with a titer of 1/160. Oral treatment with doxycycline 100 mg was started for twice per day and maintained during 10 days, with complete clinical resolution (Figure 5).



Figure 1: Mild Skin rash on the dorsum [863 mm \times 1151 mm (72 \times 72 DPI)].

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Figure 2: Macular rash on the palms of the hands [863 mm × 1151 mm (72 × 72 DPI)].



Figure 3: Macular lesions on the soles of the feet [1151 mm × 863 mm (72 × 72 DPI)].

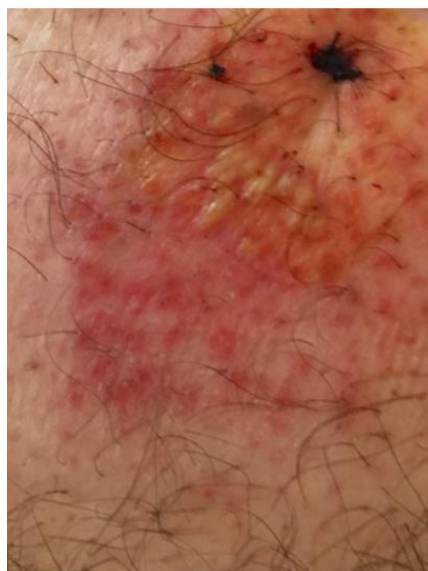


Figure 4: Black eschar or "Tache noire" [263 mm × 351 mm (72 × 72 DPI)].



Figure 5: Palmar erythema with scaling of the skin on both hands [1151 mm × 863 mm (72 × 72 DPI)].

Conclusion and Discussion

A young male presented at our Clinic early autumn for pruritus and a sudden spotted rash on the dorsum, palms and soles with no fever. (Figure 1, Figure 2 and Figure 4). On examination of the patient we found a Black eschar on the right thigh (Figure 3). He denied any contact with rodents or dogs [1]. We ordered Laboratory samples including Infectious diseases panel, Leukocyte count was $11 \times 1000 \text{ mm}^3$, mild lymphopenia (18.7% - $1.3 \times 1000 \text{ mm}^3$) along with Monocytosis (12%) and Eosinophilia (5.7%) were found. His RCP was 2.90 mg/dL. After admission at hospital, five days later his proteinogram showed increased Gammaglobulin levels (1.66 g/dL). IgM for Rickettsia Conorii was positive with a titer of 1/160. We concluded that he suffered from Mediterranean spotted fever [2]. Differential diagnosis should be done with secondary syphilis caused by *Treponema pallidum* (as disseminated maculo papular rash) and also Measles caused by Paramyxovirus (as morbilliform rash) and Meningococemia (disseminated Meningococcal disease) amongst other conditions [3]. The patient was treated with Doxycycline as drug of choice 100 mg twice a day for 10 days with a very good outcome and (Figure 5) discharged from hospital to primary care for follow ups [4,5].

Informed Consent

We obtained a verbal informed consent for taking images for continuing medical education purposes for physicians, which was reflected in the patient's electronic Clinical History (CVI-Informed verbal consent).

Conflict of Interests

The authors declares having no conflict of interests.

References

1. Herrero JA, García-Vazquez E, Hernández A, et al. (2010) Rickettsial infections and Q fever. *Medicine* 10(57): 3881-3888.
2. Zuckerman JN (2001) Principles and Practice of Travel Medicine. John Wiley & Sons, Inc., London 138-139.
3. Lazaro-Ochaita P (2014) Dermatology: Text and Atlas. L Casa del Libro, Spain.
4. Rodriguez-Zapata M, Sanchez-Martinez L, Aguila Fernandez-Paniagua E, et al. (2014) Rickettsial infections and Q fever. *Medicine* 11(52): 3068-3075.
5. Rodriguez-Zapata M, Sanchez-Martinez L (2018) Bacterial infections with skin lesions and fever: Rickettsia Infections. *Medicine* 12(59): 3465-3473.