<u>Podcast (Video Recorded Lecture Series)</u>: Rickettsia Infections for the USMLE Step One Exam

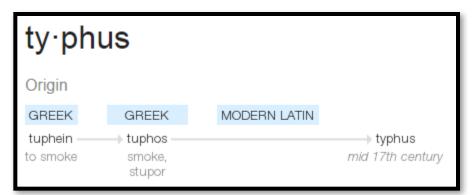


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Spotted Fever (tick - rickettsia); Typhus+ (louse - prowazekii)



Body louse Epidemic Typhus Fever R. prowazekii





Flea Murine (endemic)Typhus R. typhi

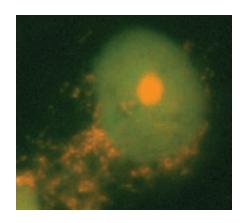
Greek: smoke, mist or fog

Used by Hippocrates to define a confused state of the intellect, with a tendency to stupor; applied to <u>typhus fever (body louse)</u> with its slow cerebration and drowsy stupor.

AKA: acute infectious fever, Pestilential fever Vector: body louse \rightarrow Jail, Camp, Hospital fever

Spotted Fever (tick - rickettsia)

- Background:
 - Vector: Dermacentor (American Dog Tick)
 - Obligate intracellular bacterium with a tropism for vascular endothelial cells and direct vascular injury (i.e. 'spotted fever').



Rickettsia infected vascular endothelial cell



There aren't too many vascular endothelial cell infections, are there?

Spotted Fever (tick - rickettsia); Typhus+ (louse - prowazekii)

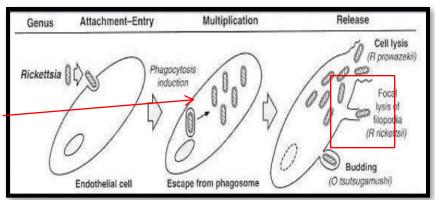
Background:

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Microbiology:

- Obligate intracellular bacteria (gram negative coccobacillus)
- Two groups: spotted fever ($cell \rightarrow cell$) and typhus (cell lysis)
- Organism ingested via endocytosis and escape phagosome living freely in cytoplasm.
- Use cell <u>actin filaments</u> to faciliate passage to neighboring cells.

Living the dream in cytoplasm



Actin filaments from cell \rightarrow cell

Spotted Fever (dermacentor tick → rickettsia)

Background:

Vector: Dermacentor

 Obligate intracellular cells and direct vascul bism for vascular endothelial

Microbiology:

What are those spots?

 Organism ingested via cytoplasm.

Use cell actin filament

- 1. Endothelial injury
- 2. Lymphohistiocytic vasculitis

to neighboring cells.

Pathology

- The organisms cause endothelial cell injury.
- Host response to vascular injury: immune and phagocytic cellular responses → lymphohistiocytic vasculitis.
- Manifest as foci of hemorrhage with localized vascular thrombosis ('spotted fever') and widespread organ dysfunction

Rickettsia: spotted fever

- Clinical:
 - Nonspecific: risk factor for tick bite PLUS fever, HA, rash; N/GI symptoms may occur.
 - Rash, Hemorrhagic: may not appear until 3-5 d into illness.
 - Blanching erythematous rash with macules/petechiae
 - Ankles/wrists spread centripitally; palms/soles late finding
- Diagnostic: Clinical Impression don't wait on labs
 - Labs (nonspecific shock-like picture): ↓ Plts, Na; ↑ transaminase; azotemia
 - Serology: IFA (delay in seroconversion); Skin Bx: DFA (70-90%) sensitive.
- Differential Diagnosis (innumerable; all toxic illnessses):
 - Infectious: septic shock, menigococcemia, anaplasma
 - Noninfectious: TTP, DIC

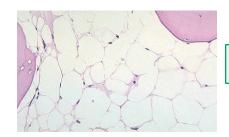
Clinically important but vignettes will likely include the rash

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 - Infectious: septic shock, menigococcemia, anaplasma
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- Treatment: TTC or chloramphenical (50s ribosomal subunit)
 - Delay in rx is principle determinate of poor outcome
 - Chloramphenicol: Fatal aplastic anemia 1:25,000



Gray Baby Syndrome



Aplastic Anemia

Rickettsia: spotted fever

Weil-Felix

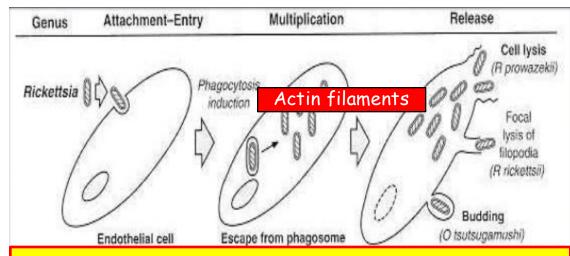
Antigen and Antibody Reactions Agglutination Tests

Rickettsia antibody x-react with Proteus Ag

- Treatment: TTC or chloramphenical
 - Delay in rx is principle determinate of poor outcome
 - Chloramphenicol: Fatal aplastic anemia 1:25,000
- Special Notes:
 - Weil-Felix reaction: sera from infected individuals cross react with Proteus Ag ightarrow agglutination. Historical interest ho a probable test question?!
 - ARDS is a common cause of death

Dermacentor





Target of Infection: Vascular Endothelial Cell





Timing?

Location?

Palms/Soles When?

When to initiate rx?