Eschar on Nipple

Vishal Mangal1*, Vivek Aggarwal1, AT Atal1, Kaminder Bir Kaur2

1Department of Internal Medicine, Armed Forces Medical College, India
2Department of Anaesthesiology & Critical Care, Armed Forces Medical College, India

Clinical Image

A 51-year-old man presented with 2-week history of high grade, intermittent fever associated with chills and myalgia. He also gave history of swelling of feet, facial puffiness, and distension of abdomen of 5 days duration before admission. On examination he was found to have pallor, bilateral pitting pedal oedema, distension of abdomen, hepatosplenomegaly and Eschar on right nipple (Figure 1). On evaluation he had neutrophilic leukocytosis, thrombocytopenia, transaminitis and positive antibody test against Orientia tsutsugamushi by immunochromatographic assay. He was managed with Injection Azithromycin 500 mg intravenous daily for three days followed by capsule Doxycycline 100 mg twice a day for total of 10 days. Thus, this case elaborates the importance of detailed clinical examination and finding Eschar on nipple lead to the diagnosis of scrub typhus. Patient responded well to the treatment and was discharged once his biochemical and hematological parameters were corrected.

Figure 1: On examination he was found to have pallor, bilateral pitting pedal oedema, distension of abdomen, hepatosplenomegaly and Eschar on right nipple.