

# The 5<sup>th</sup> EURASIA CONGRESS OF INFECTIOUS DISEASES

15 - 18 MAY 2013

TIRANA INTERNATIONAL HOTEL & CONFERENCE CENTRE, TIRANA, ALBANIA

"Clinical Microbiology, Infectious Diseases, Immunology and Epidemiology"

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Pellumb Pipero  
Arjan Harxhi  
Andi Koraqi  
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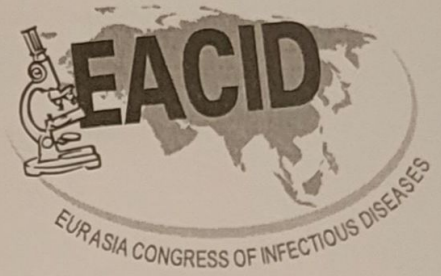


## ABSTRACT BOOK

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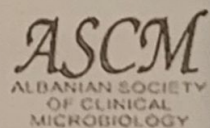
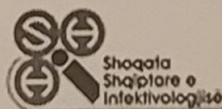
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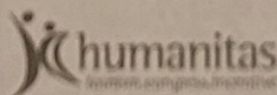
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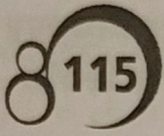
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## Brucellar Sacroiliitis- Epidemiological and Clinical Characteristics

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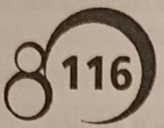
**BACKGROUND:** to describe the main epidemiological and clinical characteristics in patients with brucellar sacroiliitis, their outcome, and to describe the main characteristics of sacroiliac affection during brucellosis occurrence.

**METHODS:** retrospectively were evaluated records of 55 patients with brucellar sacroiliitis that were treated at university hospital for infectious diseases and febrile conditions in Skopje during the period 1998-2003. Brucellosis was diagnosed on the basis of clinical signs, and confirmed by the detection of specific antibodies at significant titers.

**RESULTS:** Out of 55 patients, 30 were males. The mean age was 31, range 11-69 years. In 30 (54.5%) patients brucellosis was acquired via direct contact with infected animals. The illness duration prior to diagnosis was median 300 (range 7-300) days. The dominant symptoms were arthralgia (other to sacroiliac) in 45 patients (81.8%), sweating in 42 (77.3%) and fever in 37 (67.2%). Seventy three sacroiliac joints affections were registered in 55 patients. Fourteen of them had bilateral involvement, and four episodes were registered during relapses. In 29 patients other concomitant arthritic localizations were registered. In 21 of the affected joints, the pain was intense, and in 40 joints the pain was referred to the buttocks, inguinal region or had ischialgic pattern. The final diagnosis was reached by radionuclide scintigraphy in 63 of the affected joints. The patients were treated with combining antibiotics, composed of doxycycline, rifampin and trimethoprim-sulfamethoxazole for 45 days in cases without spondylitis, and prolonged treatment with doxycycline for several more months in patients with concomitant spondylitis. Ten relapses (one in patients with concomitant spondylitis), 5 therapeutic failures (4 in patients with concomitant spondylitis) and one permanent sequel were noted.

**CONCLUSION:** brucellar sacroiliitis is characterized with serious clinical manifestations and the possibilities for therapeutic failure and even sequels. Therefore, prompt and maybe prolonged treatment could improve its outcome.

**Keywords:** brucellosis, sacroiliitis, spondylitis, treatment outcome



## Scheuermann's Disease as a Differential Diagnosis of Spondylodiscitis in a Young Patient with Neurobrucellosis

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**INTRODUCTION:** Brucellosis, which is endemic in our country, is a granulomatous disease mostly characterized by musculoskeletal involvement. Central nervous system involvement occurs in 1-6% of cases. Scheuermann's disease is characterized by back pain, local tenderness, degenerative changes, dorsal aseptic necrosis and kyphosis. Imaging findings may simulate Brucellar spondylodiscitis. Here, we aim to present a case of neurobrucellosis with concurrent Scheuermann's disease.

**CASE:** A 20 year-old man with fever, headache, dizziness, nausea, fatigue and difficulty in walking was diagnosed with neurobrucellosis in Van 100.Year University Hospital. On laboratory investigation: Wright agglutination tests were positive (1/320:(+) and 1/80:(+) in serum and cerebrospinal fluid(CSF), respectively. CSF glucose: 20.4mg/dl (simultaneous serum glucose: 140mg/dl), CSF protein: 143 mg/dl, WBC: 4000 /mm<sup>3</sup> (64% neutrophils, 23% lymphocytes), Hb: 14 g/dl, Htc: 41%, PLT: 130000 /mm<sup>3</sup>, CRP: 3.3 mg/L. He received ceftriaxone 2x2g iv, doxycycline 2x100mg po and rifampin 1x600mg. He was brought to Istanbul on intension of his relatives. He stated unpasteurized cheese consumption. On physical examination, he had difficulty in walking, right ataxic gait, 4/5 motor weakness and myoclonus of the right hand. Electromyography revealed L-5 radiculopathy. Cardiac auscultation and fundoscopy was normal. WBC: 3570/mm<sup>3</sup>, Hb: 2200/mm<sup>3</sup>, Htc: 36%, PLT: 103000/mm<sup>3</sup>, biochemical tests were normal. ADA level in CSF was normal. Serum and CSF VDRL-RPR, CSF TB-PCR were all negative. Contrast-enhanced cranial and cervical spinal MRI were normal.