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BRUCELLOSIS CASE PRESENTATION

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ABSTRACT

Brucellosis is an inflectional disease which occurs as a result of Brucellosis type microorganisms which effect all systems. The disease generally is presented by bone joint complications, however, it should be kept in mind that it also effects all systems.we want to presente you a 34 years old female patient with Oculer Brusellosis. The aim of this case is to remind the atipic presentasions of disease, and also special stuation in treatment.

KEYWORDS: Hepatitis B, oculer brusellosis, uveitis.

INTRODUCTION

Brucellosis is an inflectional disease which occurs as a result of Brucellosis type microorganisms which effect all systems. This disease which mainly occurs in the Mediterranean Basin and Arabian Peninsula is also seen frequently in Turkey.[1] The disease generally is presented by bone joint complications, however, it should be kept in mind that it also effects all systems In this case. We will present a patient with Brucellosis, a unique, slow but progressive symptom which is accompanied by uveitis.

CASE

When the 34 year old female patient came to the infection clinic, she had been having uveitis attacks for the past two years. Because of these continuous attacks she was further examined for uveitis etiology. During examinations many other symptoms resulting in uveitis were investigated however, no result was obtained. When looking at the patient's prior examinations, diseases such as :tuberculosis, syphilis, HIV and rheumatologic diseases such as rheumatoid arthritis, and ankylosing spondylitis were seen but no compatible clinical or lab findings occurred between them. The patient's Rose Bengal and Brucellosis Coombs tests at this time were negative. As a treatment the patient was given local steroids and when the uveitis was active she was given systemic steroid and cyclosporine. During examinations before these treatments HBSAG was positive and in order to prevent reactivation in the Chronic Hepatitis B carrier patient, Entecavir O.5mg was begun as a prophylactic.

The patient was sent to the infection clinic due to her increase in sedimentation. Her general condition was mediocre and she had joint ache. She was explaining a general fatigue. She said this was not the case when the uveitis first started however, it appeared in the past two months and in the last month she had severe bone aches. She also had hot flashes at night, weight loss and fever from time to time. She had 4 uveitis attacks in the last 2 years. She had sensitivity to light, bilateral pain in the eyes and inflammatory cells in the ront camera. They were more in the left eye when compared to the right eye. She had a fever 37.7 C and her sclera was pale. She had difficulty in moving because of her pain. Her lab test results were: wbc: 4,300 /L, plt: 262,000 /L ALT: 10

AST: 18 U/L, HB: 10, 7 g/dl and her sedimentation level was 68 mm/h. Since her lab test results made us think of Brucellosis, Rose Bengal and Brusella Coombs tests were applied to the patient and the result was 1/1280 titre positive. Her blood culture was also taken. In the end, Brucellosis treatment started. Since she had Hepatitis B and her liver enzymes were normal but we avoided from rifampicin, she was given doxycycline 100 mg 2x1 /day oral and Streptomycin 1 gr/day intramuscular.[1,2] The ophthalmology doctor was informed about the treatment and the patient's systemic cure was stopped. But they continued the local corticosteroid treatment. The patient's condition was followed up weekly. At the first wwek of treatment her liver enzymes got a little higher.

Especially in week two, there was a significant healing of the condition and there was a decrease in joint pains.

The fatigue and sweating decreased. Patient was given a total of 21 grams of Streptomycin. Doxycycline was continued even after Streptomycin was terminated. Clinically she was significantly better and had no complaints. The 42nd day of treatment she had no active uveitis. It was decided that the local steroid treatment could be terminated gradually. She had distinct eye problems at the beginning and they had regressed and this was tied to the fact that she had Brucellosis uveitis. Her Doxycycline treatment ended in the later 2 months. After the treatment her white blood cell and sedimentation values were back to normal. In addition her liver enzyme values were normal. The patient will be followed up closely to see if the uveitis is reactivated.

CONCLUSION

It should be kept in mind that we will come across unique versions of Brucellosis in areas that it is endemic.[3] Due to the patient's microbiologic characteristics diagnosis is based on serologic tests and these may be negative at the beginning. The frequency of Brucellosis uveitis cases is shown as between 3 to 20 percent in some studies.[2,4] This is why it is important to follow up patients in Brucellosis endemic areas where unexplainable uveitis appears and in Brucellosis cases in which complaints about the eye occur. In this case since the disease develops slowly the diagnosis may not have been made at first however, later on with a significant increase in uveitis it was clarified that it was Brucellosis which was accompanied by uveitis. With the treatment applied to the patient there was significant sign of response to the disease. The treatment that was given to the patient was one which had the lowest relapse rate.[5] Because there was hesitation about Rifampicin hepatotoxicity, it was not preferred in the treatment. On the other hand, prophylactic antiviral was started in order to block reactivation of Hepatitis when the patient was given intensive immune suppressive treatment.[6] Since the patient's immune suppressive medication was cut when the Brucellosis treatment began, one year after the treatment terminated the antiviral treatment also ended.

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