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positive at 1/160 titer and 1/320 titer in the second week. At the seventh day of treatment, fever of patient was normal and gentamicin therapy was stopped. *Brucella melitensis* was yielded at the third set of blood culture. Lower extremity Doppler ultrasonographic examination revealed a hypo echoic thrombus within the right saphenous magna vein that occluding it and making partial occlusion within the right main femoral artery. Acute renal failure was considered by Nephrology department and hemodialyse was decided because of increase in creatinine level. Unfortunately, cardiopulmonary arrest was developed during inserting central venous catheter. In conclusion, this case suggests that, in endemic areas of the world, clinicians should consider brucellosis in any unusual presentation involving multiple organ systems. Its diagnosis requires microbiological confirmation by means of isolation from blood culture or demonstration of the presence of specific antibodies by serological tests.

**Keywords:** Brucellosis, septic thrombophlebitis, urinary tract infection

## P22

### Renal involvement in brucellosis: Case report

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Brucellosis is a systemic disease that can involve almost any organ system. Interstitial nephritis, pyelonephritis, exudative pyelonephritis and IgA nephropathy accompanying brucellosis have been reported. In this paper, we present a case of brucellosis with renal involvement.

**CASE:** A 16-year-old girl was admitted with complaints of dark urine, fever, and weakness. Her physical examination was normal except fever. The diagnosis of brucellosis was made 5 months ago in another hospital using agglutination test for *Brucella* (a titer of 1/160) and then appropriate therapy (rifampicin and trimethoprim-sulfamethoxazole) was initiated. Since the complaints started again, the

patient was referred to our hospital. Laboratory findings were as follows: urea:43 mg/dl, creatinine:1.8 mg/dl, AST:26 U/L, ALT: 45 U/L, albumin 2.7 g/dl, normal electrolyte levels, CRP:124 mg/dl, ESR: 114 mm/h, hemoglobin: 10,2 g/dl, leukocyte: 6180, and thrombocyte: 335000 /mm<sup>3</sup>. Urine analysis revealed hematuria (erythrocyte 722), pyuria (leukocyte 43), proteinuria (150 mg/dl). *Brucella* spot test was positive. *Brucella* capt (immunocapture-agglutination) test was used for the detection of total antibodies and revealed 1/5120 titers. Urinary ultrasonography was done and obstructive uropathy, SLE and chronic renal failure were excluded. Urine culture was negative. She received antimicrobial treatment (oral doxycyclin 200 mg and rifampin 600 mg per day). Creatinine, urea and urinary findings of this case recovered after 6 weeks of therapy, and *brucella* capt test revealed 1/640 titers. These findings led us consider the diagnosis as tubulointerstitial nephritis due to *brucella*.

In endemic areas for brucellosis, this infection should be considered in the differential diagnosis of acute renal failure.

**Keywords:** *Brucella*, renal involvement, tubulointerstitial nephritis

## P23

### *Brucella* endocarditis A Case Report

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One of the complications of brucellosis is infective endocarditis which carries a high mortality rate if undiagnosed. After *Brucella* specific treatment, patient show dramatic clinical improvement. *Brucella* endocarditis has a low occurrence rate in cases of brucellosis and has been endemic in regions surrounding Turkey. No data is available about *Brucella* endocarditis prevalence in Turkey. *Brucella* endocarditis causes destructive valvular lesions. The aortic valve is the most common affected site, We present a case of *Brucella* endocarditis with mitral root abscess, A male patient, aged 45 years, he had intermittent fever with chills and rigors, cardiac discomfort. On physical examination, he had a fever of 38.° C, her blood pressure was 145/85 mmHg, heart rate 115/min, respiratory rate 26/min. Laboratory test 9.6 mg/dl haemoglobin and elevated erythrocyte sedimentation rate 56mm/hour. echocardiography showed vegetations 47 x 35 mm on anterior mitral leaflet, Serial blood samples were taken for hemocul-