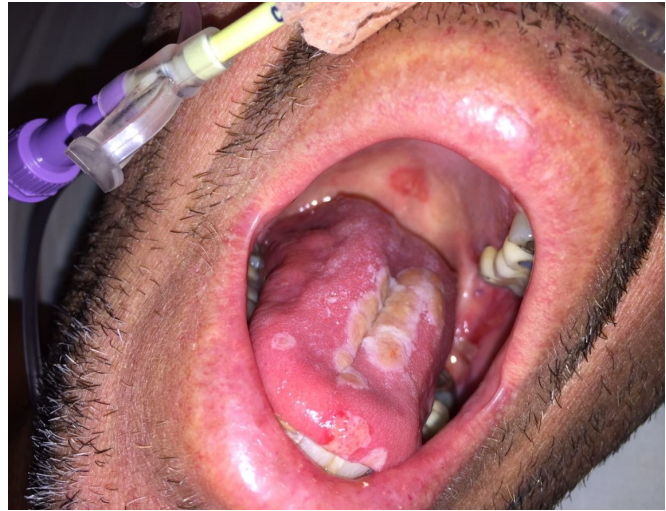


## 6 PHOTOQUIZ

**January photoquiz (above, right):** A 53-year-old man who had returned from holiday in Mozambique on 22 December presented with fever, body pains, sparse punctate lesions on the trunk and serpiginous ulcers in the mouth, mainly on the tongue. His family reported that the patient had sustained an insect bite while on holiday in Mozambique due to a mosquito or tick (it was uncertain) that formed a large pustule and resolved spontaneously. The patient was prescribed doxycycline and levofloxacin but his clinical condition deteriorated. His liver enzymes were grossly elevated (ALT 1889 IU/L, AST 4423 IU/L). His full blood count revealed a white cell count of  $1.89 \times 10^9/l$ , haemoglobin of 12.3 g/dl and platelet count of  $83 \times 10^9/l$ . On examination, there was no eschar, no lymph nodes, no organomegaly, nor jaundice.



What is your differential diagnosis and what investigations would you request? Please send an email to [kerriganm@nicd.ac.za](mailto:kerriganm@nicd.ac.za) with the words 'January Photoquiz' in the subject line.



**December photoquiz (below left).** A 32-year-old sheep farmer in Northern Cape Province presented with fever, lower back pain, epistaxis and bruising. His white cell count was  $2 \times 10^3/\mu l$  and platelets were  $15 \times 10^9/l$ . This patient was diagnosed with Crimean-Congo haemorrhagic fever by RT-PCR. CCHF is transmitted by the *Hyalomma rufes* tick, also known as the 'bontpoot' tick (right). Photographs courtesy



Professor Lucille Blumberg.