

From Pet to Pathogen: A Case of Cat Scratch Disease with Atypical Lymphadenopathy

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INTRODUCTION

Lymph node enlargement may result from various underlying conditions, such as infections, autoimmune disorders and malignancies, necessitating a thorough history, physical examination, and diagnostic tests for accurate diagnosis. Cat scratch disease (CSD) is often under-recognized despite being primarily diagnosed clinically with a combination of typical findings, where lymphadenopathy is the hallmark of the disease and a history of exposure to feline. This case described an unusual occurrence of CSD with lymphadenopathy at an atypical site

CASE DESCRIPTION

A 55-year-old gentleman with no known comorbidities presented with a one-week history of fever and progressively enlarging, painful swellings over the right upper limb. He denied symptoms of infection, autoimmune disorders, tuberculosis exposure and constitutional symptoms. Further history revealed that he sustained a wound on his right middle finger from a cat scratch a month prior. On examination, his vital signs were stable. Two tender swellings (approximately 3x3 cm) were palpable on the medial aspect of his right arm, with another on the forearm. There were no skin changes, open wounds, or discharge. There were no significant findings from the systemic review. Ultrasound findings feature in keeping with lymphadenopathy, strongly suggesting CSD. The patient was referred to the medical team and was prescribed a five-day course of oral azithromycin.

DISCUSSION

CSD is mainly caused by *Bartonella henselae*, which cat harbours as its natural reservoir. Following inoculation of the bacteria into humans, the organism typically causes a local infection that manifests as regional and solitary lymphadenopathy, commonly at the axillary, cervical and submandibular. This case, however, noted several lymphadenopathies with less common sites reported. CSD may scarcely involve visceral organ, neurologic and ocular manifestation. Diagnosing CSD is mainly clinical, with lymph node biopsy reserved in case of delayed resolution of systemic symptoms or an alternative diagnosis is suspected. Manifestation of the disease can be delayed for months post-exposure, which potentially causes the missed history during patient assessment or may be deemed insignificant.

CONCLUSION

CSD causes lymphadenopathy, a common presentation in the emergency department (ED). Knowledge of the disease may reduce unnecessary investigations, hasten therapy, and improve ED overcrowding.

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