

Brucella Melitensis-Induced Transaminitis

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Brucella Melitensis Induced Transaminitis

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Case Description

37-year African American female admitted to hospital for fever, myalgia and since headache since last six months. She was noted to have mild right upper quadrant tender but no rebound tenderness on exam. Blood work showed WBC 2.53 K/uL, 10.1 g/dL, 131 K/uL, creatinine 0.6 mg/dL, AST 113 U/L, ALT 77 U/L, 134 U/L, total bilirubin 1.4 mg/dL. CT Chest, abdomen and pelvis showed ground glass opacities in the left upper lung lobe and colitis. She had extensive workup including bronchoscopy and lumbar puncture which was unremarkable except blood culture grew brucella melitensis. She was initially treated with doxycycline and gentamycin for few days with a good clinical outcome. She was discharged on rifampin and doxycycline to complete six weeks therapy.

Discussion

Brucellosis is a zoonotic infection transmitted to humans from infected animals (cattle, sheep, goats, camels, pigs, or other animals) by ingestion of food products (such as unpasteurized dairy products) or by contact with tissue or fluids. The incubation period is usually two to four weeks; occasionally, it may be as long as several months. Brucellosis typically presents with insidious onset of fever, malaise, night sweats (associated with a strong, peculiar, moldy odor), and arthralgias. This patient drank camel milk in United Arab Emirates around one year ago and her symptoms started a few weeks after that.

It is usually diagnosed with blood culture along with labs like complete blood count and liver function tests. General principles of brucellosis treatment include use of antibiotics with activity in acidic intracellular environments (such as doxycycline and rifampin), use of combination therapy (given high relapse rates with monotherapy), and prolonged duration of treatment.

Brucellosis is infrequently reported in the United States and is largely an occupational hazard among workers engaged in livestock raising and processing. It is a systemic infectious disease and can involve liver in varying ways, ranging from benign subclinical increases in serum aminotransferase levels to ominous chronic suppurative disease. We report a case of brucella melitensis induced transaminitis, which improved after treating with antibiotics.