MYOSITIS, AN ATYPICAL PRESENTATION OF LEPTOSPIROSIS

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Introduction
Leptospirosis is associated with a broad spectrum severity ranging from subclinical illness to a biphasic complicated course (septicemic and immunologic). Infectious myositis is uncommon but leptospirosis can act as a trigger for inflammatory muscular disease.

Case Report

17 years  Rural area

- Left hip pain and intermittent limp, bilateral
- Improvement with anti-inflammatory drugs
- Trauma, Fever

Analytical evaluation

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leucocytes</td>
<td>12.88x10⁹/L</td>
</tr>
<tr>
<td>ESR</td>
<td>29mm/h</td>
</tr>
<tr>
<td>ALT/AST</td>
<td>19U/L/47U/L</td>
</tr>
<tr>
<td>CRP</td>
<td>257mg/</td>
</tr>
<tr>
<td>Urea</td>
<td>27mg/dL</td>
</tr>
<tr>
<td>CK</td>
<td>1372 U/L</td>
</tr>
<tr>
<td>Creatinine</td>
<td>0.85mg/dL</td>
</tr>
</tbody>
</table>

EXCLUDED infectious, toxic, auto-immune and metabolic etiologies

Flucloxacilin + Clindamycin
Ultrasound, MRI, EMG
Unspecific Myositis
Improvement
D15

Doxycycline
Clinical and analytical Improvement
6 month Follow-up
Consult

Leptospira DNA urine

D35

POSITIVE
Discharged

Pain  Sequels

Conclusion
The diagnosis of leptospirosis was established late in this disease evolution; its identification in the immunologic phase suggests a late consequence of the infection by this agent. The association between myositis and leptospirosis can result in a severe and atypical course of the disease. This case emphasizes the non-icteric forms which are often non-specific and may be missed by physicians.