Introduction

Q fever is a zoonotic disease caused by Coxiella Burnetii, typically associated with exposure to farm animals. According to Public Health England, Q fever is underdiagnosed and has outbreaks potential.

We present the case of a 40 years old man admitted with acute acalculous cholecystitis (AAC) and pericarditis caused by Q fever. This, to our knowledge, is the first such case reported in the English literature.

Methods

The patient was an electromechanical engineer who repaired pumps for farmers and zoos. Apart from his dog, he had no direct contact with animals, also denied foreign travel.

He was admitted with a three weeks history of malaise, high fever, anorexia, weight loss, generalised myalgia and arthralgia, and upper abdominal pain.

He was pyrexial with a temperature of 40° C and upper abdominal tenderness on examination.

Blood tests showed raised inflammatory markers with CRP 350, hyponatraemia 125, hypoaalbuminaemia 24, mild anaemia 124, severe thrombocytopenia 11, initially normal WCC though subsequent neutrophilia and lymphocytosis, raised LFT with ALP 162, GGT 422, ALT 121, bilirubin 50.

A CT scan of abdomen showed features compatible with AAC. Echocardiogram revealed a small pericardial effusion.

Results

Initial treatment with broad spectrum antibiotics was not successful in resolving his illness. However, his extensive microbiological tests showed strongly positive serology IgM by CFT for acute Q fever. He was treated with a 21 day course of Doxicycline leading to restoration of health. Repeat interval serology will be undertaken to screen for chronicity.

Summary

We present a case of severe AAC and pericarditis associated with acute Q fever. Raised LFT and hyponatraemia are common, with thrombocytopenia occurring in about 25% of patients. His occupation of working with farmyard pumps may have led to exposure to this zoonosis caused by Coxiella Burnetii. Clinicians should be vigilant of Q fever in patients with such symptoms.

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