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Unusual Features of Brucellosis Complicating Beta Thalassaemia major

Hypersplenism complicating β-thalassaemia major is usually treated surgically. We are reporting hypersplenism with other rare features of brucellosis in a thalassaemic child that resolved with medical treatment. The child is a 5-year-old boy who needed a fresh unit of washed packed cells every 4–5 weeks to keep his haemoglobin above 9 g/dl. 6 months ago he presented with pallor and backache 15 days after the last transfusion. His spleen was 3 cm bigger than before. The patient had maculopapular skin rash and a small tender cystic mass in his scalp. The laboratory tests revealed pancytopenia (table I). Blood culture, Coombs' test and titres for toxoplasma, cytomegalovirus, and coxsackievirus were negative. Tuberculin and monospot tests were negative. The bone marrow was hypercellular. Table I shows the haematological data obtained and the treatment given at each 2-weekly follow-up examination. At the second visit the symptoms and signs persisted, and there was no change in the viral titres or Coombs' tests. At the third visit the brucella abortus antibody titre was 1:5,280. He was started on cotrimoxazole 40 mg 12 hourly. At the fourth visit he had no backache, but the other signs persisted. At the fifth visit the haematological data improved, but the scalp swelling increased, and the skin rash persisted. Rifampicin 20 mg/kg/day was added. After 4 weeks the rash and sweling disappeared, and the pancytopenia resolved. The brucella titre declined to 1:640. Over the next 3 months he remained well. He is currently back on his 4- to 5-week transfusion regimen.

Table I. Haematological data and treatment

Visit No.	Hb g/dl	RBC 10^{12}/l	WBC 10^9/l	Platelets 10^9/l	Treatment
1	6.6	2.1	1.6	29	transfused
2	8.2	2.8	1.9	62	transfused
3	7.8	2.6	1.9	56	transfused + cotrimoxazole
4	8.4	2.8	2.0	70	transfused + cortimoxazole
5	9.5	3.1	2.2	84	transfused + cortimoxazole + rifampicin
6	12.2	3.8	2.4	92	cortimoxazole + rifampicin
7	10.4	3.7	3.1	120	transfused, no antibiotics
8	12.6	3.9	3.8	172	no treatment
9	10.2	3.6	3.9	196	no treatment

Comment

The diagnosis of hypersplenism was based on clinical observations and routine tests. We could not do sequestration studies. Hypersplenism was reported in very few cases of brucellosis [1]. Skin rash was seen in less than 5% of cases [2]. Soft-tissue abscesses occurred very rarely in abattoir workers [3]. In conclusion, a medically treatable cause of hypersplenism is worth looking for before surgery is considered. Brucellosis should be looked for where it is endemic.

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Dr. M.A. Babiker, A.M. Kambal, E.F. Ashong,
Department of Paediatrics,
College of Medicine,
PO Box 2925,
Riyadh (Saudi Arabia)