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STUDY OF CLINICAL SPECTRUM OF BRUCELLOSIS IN NORTH-WEST RAJASTHAN

General Medicine

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KEYWORDS

INTRODUCTION

Brucellosis is a zoonotic infection transmitted to humans by contact with fluids from infected animals sheep, cattle, goats, pigs, or other animals) or derived food products such as unpasteurized milk and cheese.

It is one of the most common zoonoses around the world[1].

It has high morbidity both for humans and animals and is an important cause of economic loss and a public health problem in many developing countries[2]. This systemic infection has a wide clinical spectrum, ranging from asymptomatic disease to severe and/or fatal illness[2].

It's clinical and laboratory features vary widely. Focal infection occurs in about 30% of cases and it can affect any organ system[2-4]. Neurobrucellosis is an uncommon complication of brucellosis[5].

Neurological involvement occurs in 0-7% of cases. Manifestations include meningitis (acute or chronic), encephalitis, myelitis, radiculitis, and/or neuritis (with involvement of cranial or peripheral nerves)[4,6,7].

The mortality rate of neurobrucellosis in the postantibiotic era is 0-5.5% but permanent neurologic deficits, particularly deafness are common[8,9].

OBJECTIVES

1. To study the spectrum of clinical symptoms and signs of brucellosis.
2. To identify commonest symptom and / or sign to aid in early diagnosis.

METHODS & MATERIALS

- Study design
- Hospital based
- Observational
- Cross-sectional

INCLUSION CRITERIA

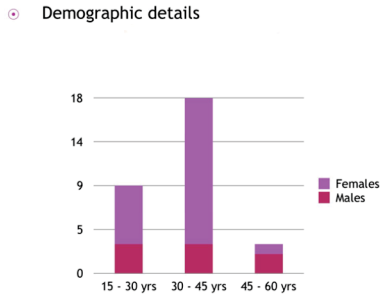
- Individuals aged between 15 - 60 years of both genders.
- Significant history of occupational or domestic exposure to goat, sheep or cattle.
- Diagnosed to have brucellosis using serum agglutination test with titers ≥ 1:160.

EXCLUSION CRITERIA

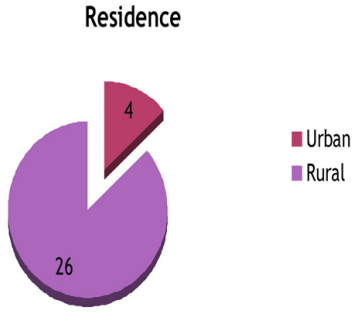
- Individuals with serum agglutination test with titers <1:160
- Patients with other febrile illnesses.
- Study group consisted of individuals who presented to the medicine wards and outpatient department of a tertiary care centre in north west Rajasthan between June 2018 to May 2019.
- Thus, our study was carried out over a duration of 12 months.

RESULTS:

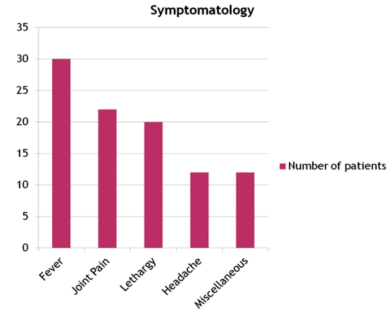
1. As shown in table -1 ,which shows age & sex wise distribution of patients .Most of the patients belong to age group 30 - 45 years .Most of the patients are female. It indicates that Brucella is more prevalent in female adult age group.



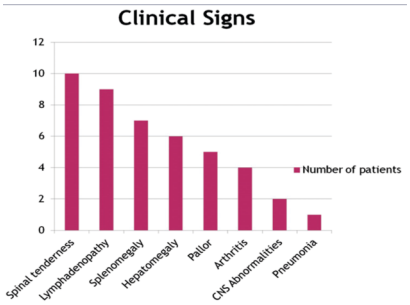
2. As shown in table-2 , which shows residence distribution of patients.Most of the patients belong to Rural area.



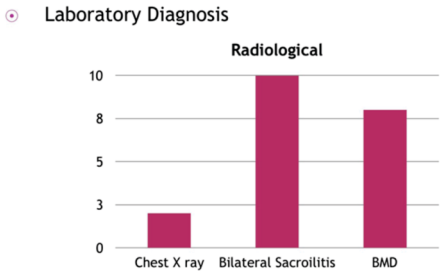
3. As shown in table-3 ,which shows symptomatology distribution of patients.Most common presentation was fever followed by joint pain.



4. As shown in table-4 , which shows clinical signs among patients. Most common sign was Spinal tenderness followed by Lympadenopathy.



5. As shown in table-5 ,which shows radiological finding among patients. Most common finding was Bilateral Sacroilits .



RESULT:

Brucella affects almost all systems.Fever was the commonest symptom.

Commonest sign spinal tenderness.We believe that neurobrucellosis is not sought actively in patients presenting with altered sensorium. We insist that brucella serology to be performed more routinely in such patients from an endemic areas.

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