



# NADİR BİR GENİTOÜRİNER BRUSELLOZ OLGUSU: ENDOMETRİT

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# Bruselloz

- Dünya apında en sık grlen
- Koyun, kei, sığır, domuz gibi hayvanlardan bulaşan zoonoz
- Bulaş yolları:
  - Enfekte hayvan sekresyonları ile direk temas
  - Enfekte aerosollerin inhalasyonu/konjunktivaya inoklasyonu
  - Pastrize olmayan st-st rnlerinin tketimi

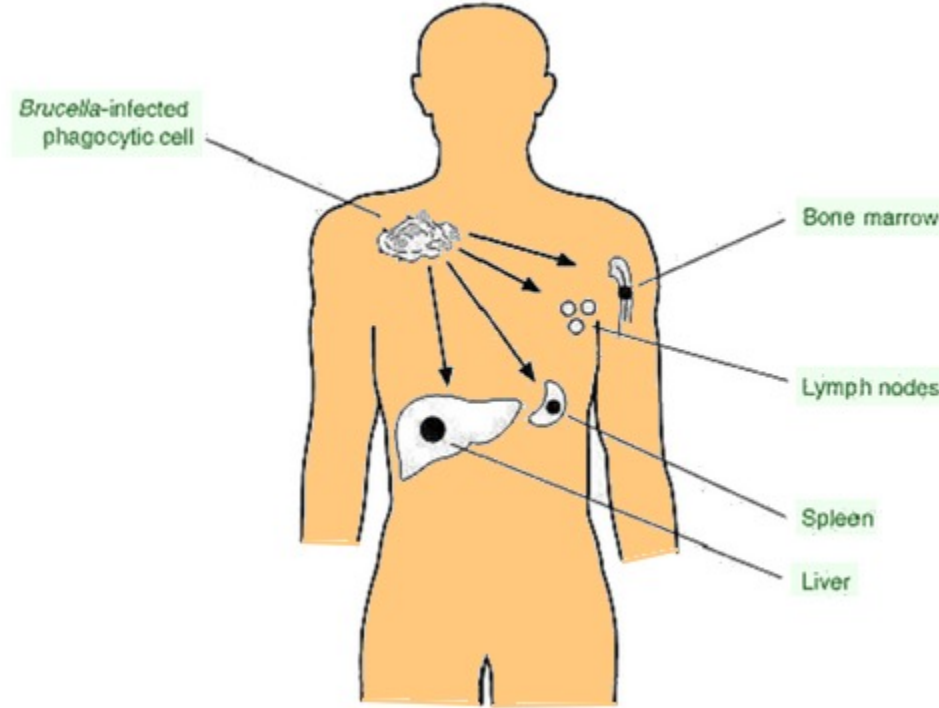


Gl H.C., Erdem H., *Brucellosis (Brucella Species)* In: Mandell, Douglas, and Bennett's *Principles and Practice of Infectious Diseases*, 9th Edition, 226, 2753-2758.

# Bruselloz

## Klinik

- Artralji
- Ateş
- Halsizlik
- Terleme
- Titreme
- İştahsızlık

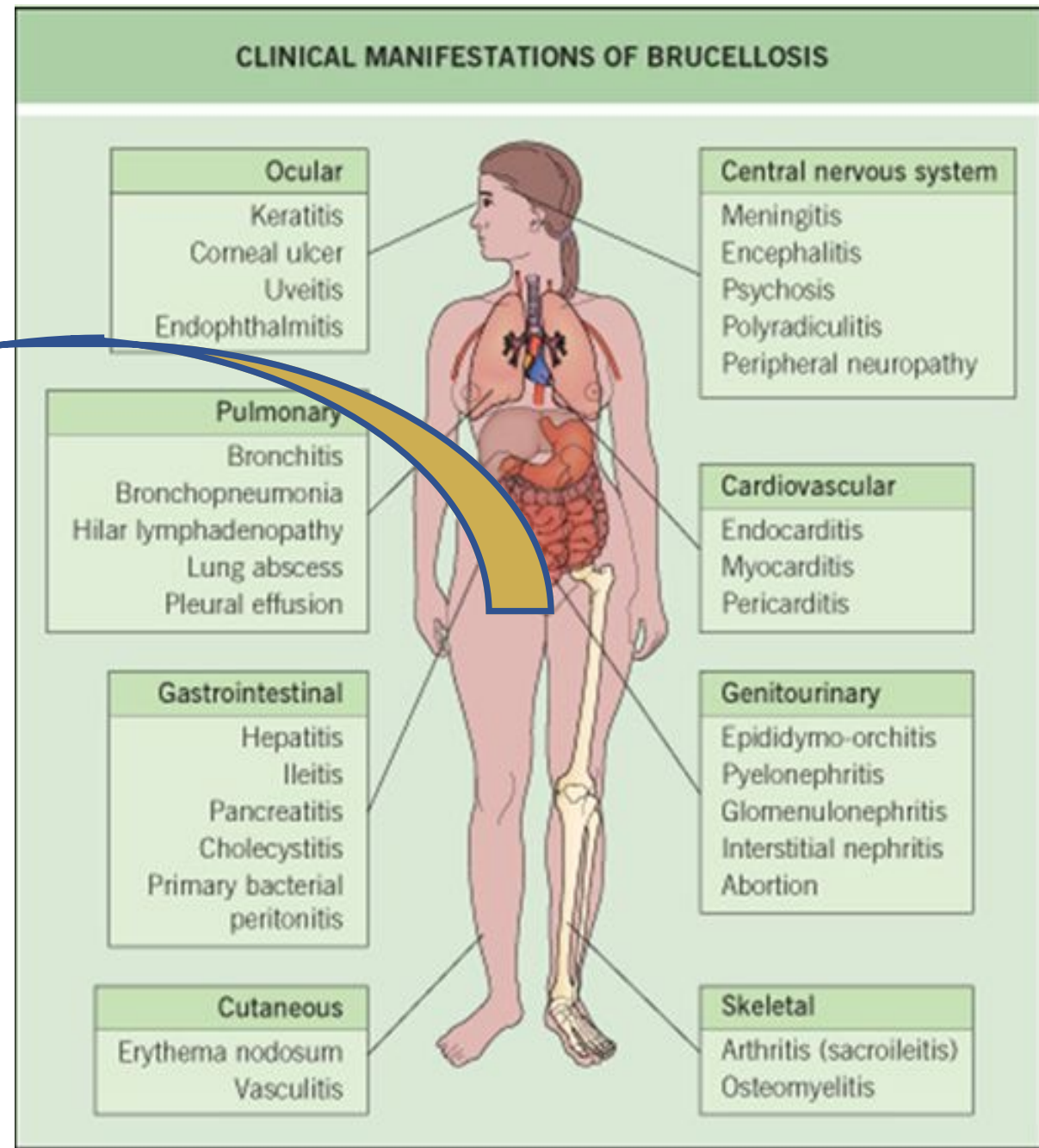


- Hepatomegali
- Splenomegali
- Periferal artrit
- Sakroileit
- Lenfadenopati

# Bruselloz

## Komplikasyonlar

**Genitoüriner tutulum:**  
Olguların %5-10'unda  
Sıklıkla erkek cinsiyette



# Olgu

- 62 yaşında
- Karın ağrısı
- **USG:** endometriumda

Apse kültürü	Bakteri Üredi
Üreyen Bakteri: <b>Brucella melitensis</b>	
<b>Antibiyoqram Adı</b>	
Boyalı mikroskopik inceleme (Gram, M.mavisi, Wright)	Mikroskop
Sonuç Notu:Çok sayıda PNL görüldü. Mikroorganizma görülmedi.	

İşlem sırasında endometriumda pürülan akıntı (pyometra) saptanmış,  
kültür alınmış.

# Olgu



## Hikaye



- Karın ağrısı bir aydır devam ediyormuş.
- Van'da yaşıyormuş. Hayvancılık yapıyormuş. Taze peynir tüketimi mevcutmuş.
- Daha önce bruselloz geçirmemiş.
- Ek hastalıklar: astım, iskemik kalp hastalığı
- Kullandığı ilaçlar: ASA 81 mg 1x1, metoprolol 50 mg 1x1

# Olgu

## Fizik muayene

- Genel durumu orta
- Ateş: 36.9 °C
- Kalp tepe atımı: 80 vuru/dk
- Kan basıncı: 130/80 mmHg
- Pelvik bölgede hassasiyet + defans  rebound 
- Diğer sistem muayeneleri doğal.



# Olgu

## Laboratuvar

- **WBC:11.32 10<sup>9</sup> /L (%63 PNL)**
- Hemoglobin: 15.5 gr/dL
- Platelet: 340.000/mm<sup>3</sup>
- Sedimantasyon: 35 mm/saat
- CRP: 1.38 mg/dL (0-0.5)
- ALT: 36 IU/L
- AST: 32 IU/L
- Total Bil: 0.29 mg/dL
- Direkt Bil: 0.13 mg/dL

- Total protein: 6.9 g/dL
- Albümin: 4.4 g/dL
- aPTT: 34.6 sn
- PT: 11.9 sn
- INR: 0.99
- Üre: 29 mg/dL
- Kreatinin: 0.54 mg/dL
- Sodyum: 139 mmol/L
- Potasyum: 4.8 mmol/L
- Kalsiyum: 9.9 mg/dL

- **Tam idrar tetkiki:**
  - Glukoz: Negatif
  - Protein: 1+
  - Hemoglobin: 2+
  - Nitrit: Negatif
  - Lökosit esteraz: 2+
  - Eritrosit: 37
  - Lökosit: 8



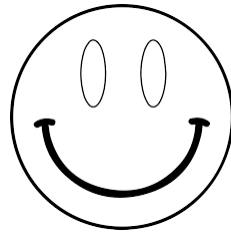
- 2 set kan kltr ve idrar kltr alındı.
- Coombs'lu brusella agltinasyon testi istendi.
- Rifampisin 1x600 mg + doksisisiklin 2x100 mg po tedavisi bařlandı.

- Kan ve idrar kltrlerinde reme olmadı.
- Brusella agltinasyon testi 2 hafta arayla iki kez bakıldı, negatif sonulandı.

## BRUSELLOZ İLİŐKİLİ ENDOMETRİT

Bruselloz tedavisi altı haftaya tamamlanarak kesildi.

Takiplerinde hastanın karın ağrısı Őikayeti tamamen geriledi.



## Genitourinary brucellosis: results of a multicentric study

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Diagnosis	Number	Per cent
Male patients ( <i>n</i> = 352)		
Orchitis	112 <sup>a</sup>	31.8
Epididymitis	11 <sup>b</sup>	3.1
Epididymo-orchitis	204 <sup>c</sup>	58
Pyelonephritis	11	3.1
Abscess formation	6 <sup>d</sup>	1.7
Prostatitis	5	1.4
Glomerulonephritis	1	0.3
Female patients ( <i>n</i> = 38)		
Pyelonephritis	33	86.8
Glomerulonephritis	2	5.3
Fallopian tube abscess	2	5.3
Tubo-ovarian abscess	1	2.6

<sup>a</sup>Testicular abscess (additional diagnosis), 1.

<sup>b</sup>Urethritis (additional diagnosis), 1.

<sup>c</sup>Testicular abscess (additional diagnosis); 1, prostatitis (additional diagnosis), 1.

<sup>d</sup>Testicular abscess, 5; scrotal abscess, 1.

CASE REPORT

## Brucella glomerulonephritis as a rare cause of acute renal disease: a case report and a literature review

Faris G. Bakri · Ayman Wahbeh · Azmi M. Musleh Tarawneh

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**Abstract** Brucella glomerulonephritis is a rare condition with only a few reported cases. We reviewed the literature, and describe a 24-year-old female patient presented with edema and proteinuria. Blood cultures were positive for *Brucella melitensis*. Renal biopsy showed proliferative glomerulonephritis. The patient progressed to end-stage renal disease despite anti-infective and steroid therapy.

**Keywords** Brucella · End-stage renal disease

# Acute abdomen as atypical presentation of brucellosis: a case report and literature review



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Saul Al Faraj M

*J R Soc Med* 1995;88:91

**Keywords:** *brucello*

Case report

## Brucella pelvic tubo-ovarian abscess with a history of chronic brucellosis

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**Abdominal involvement in acute, subacute and chronic brucellosis, however, that a diagnosis of brucellosis<sup>1</sup>.**

**In this paper we report that acute abdomen in brucellosis**

**has to be considered in the differential diagnosis of acute abdomen and fever. With definitive diagnosis, unnecessary laparotomy can be avoided.**

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### ABSTRACT

Brucellosis is a zoonotic disease located especially in Central and South America, India, the Mediterranean and the Middle East. Human brucellosis occurs as a systemic infectious disease with various clinical manifestations. We present a case of 45-year-old female patient, nulliparous, not sexually active, with a previous medical history of a treated brucellosis, and no surgical or gynecological history. The patient presented with a history of fever for 7 days of 39 degrees Celsius, chills and acute abdominal pain. She was diagnosed with diffuse peritonitis with left tubo-ovarian abscess and was admitted for an urgent diagnostic laparoscopy. A left adnexectomy was performed. The diagnosis of genital brucellosis was made. This case report discusses an unusual complication of brucellosis represented by a tubo-ovarian abscess associated with acute peritonitis, treated by a laparoscopic adnexectomy and antimicrobials. Acute peritonitis associated with a tubo-ovarian abscess is an unusual complication of brucellosis.

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