Büyük Vizit

Olgu-3

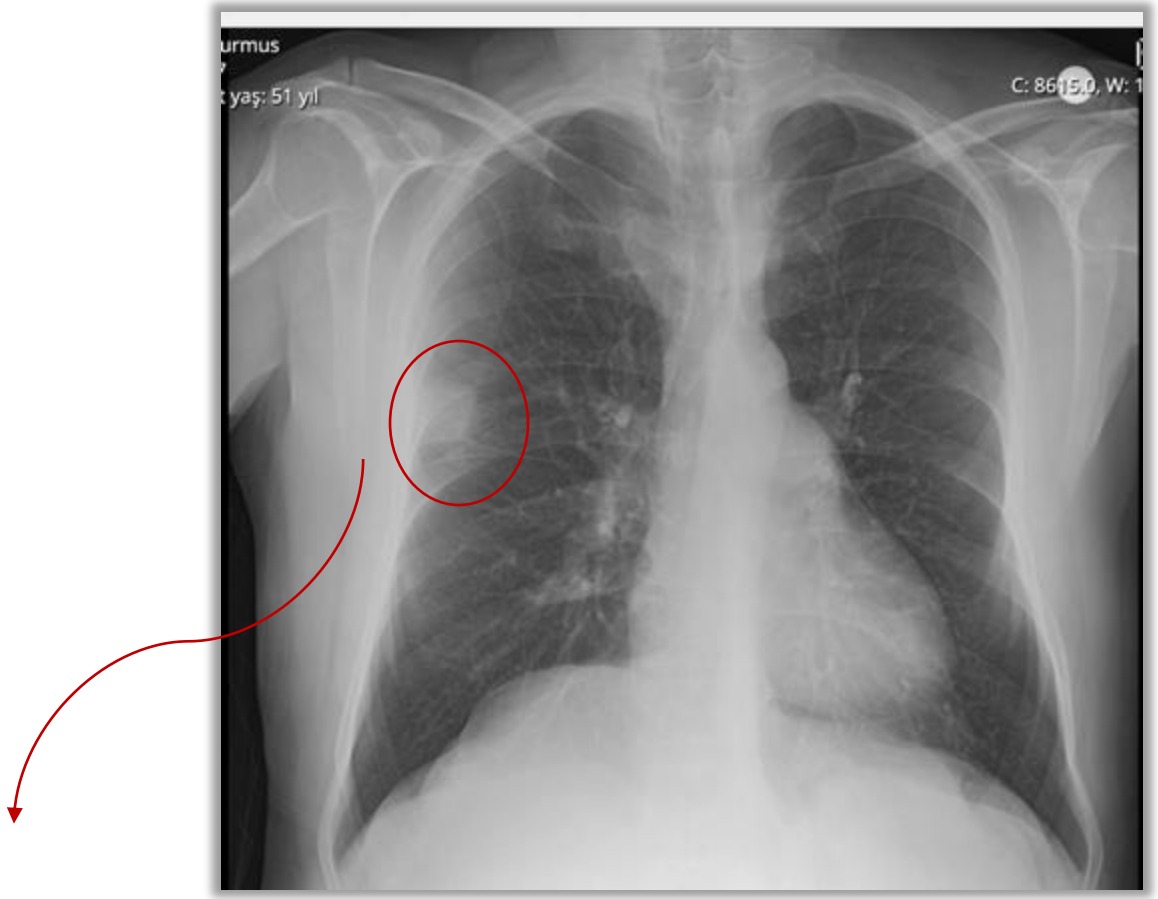
Dr. Yasemin ÇAKIR KIYMAZ

Sivas Cumhuriyet Üniversitesi Tıp Fakültesi

İnfeksiyon Hastalıkları ve Klinik Mikrobiyoloji ABD

OLGU

- 51 yaşında, erkek hasta
- **Ateş, öksürük ve balgam**
- Göğüs hastalıkları
- Bilinen astım tanılı



Sağ akciğer ön üst lobda

plevra tabanlı bir kitle lezyonu

Öykü

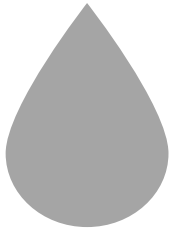
- **Ateş, öksürük ve balgam (2 hafta)**
- Özgeçmiş-Soygeçmiş: Astım
- Meslek: Çiftçi

Sigara yok
Tbc öyküsü/teması
Kilo kaybı yok

Fizik Muayene

- Ateş:36.0°C Nb:78/dk
- TA:120/70 mmHg Sat:98/dk
- Genel durum iyi, bilinç açık, oryante koopere
- Ense sertliği yok
- **Sağ akciğer üst lobda solunum sesleri azalmış**
- Kardiyak muayenesinde ek ses yok üfürüm yok
- Batın hassasiyet, defans, rebound yok
- KVAH bilateral yok
- Cilt ve mukozalar doğal, döküntü yok

Laboratuvar



Hemogram

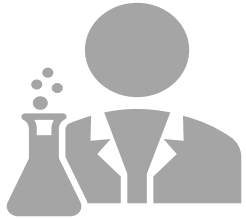
Lökosit: 15 100/mm3

Nötrofil: 10 090/mm3 (%66)

Lenfosit: 4 300/mm3 (%28)

Hemoglobin: 14.7 g/dl

Trombosit: 219 000/mm3



Biyokimya

AST: 13 U/L

ALT: 34 U/L

Kreatin: 0,5 mg/dL

CRP: 2 mg/dL (0-5)

Sedim: 19 mm/h

Ön tanı

- Ateş
- Öksürük
- Balgam
- Göğüs ağrısı

- Astım tanılı
- Sigara öyküsü yok

Göğüs hastalıkları

Akciğer BT

Pnömoni

Amok-klav 2x1 gr po

Klaritromisin 500 mg 1x1 po

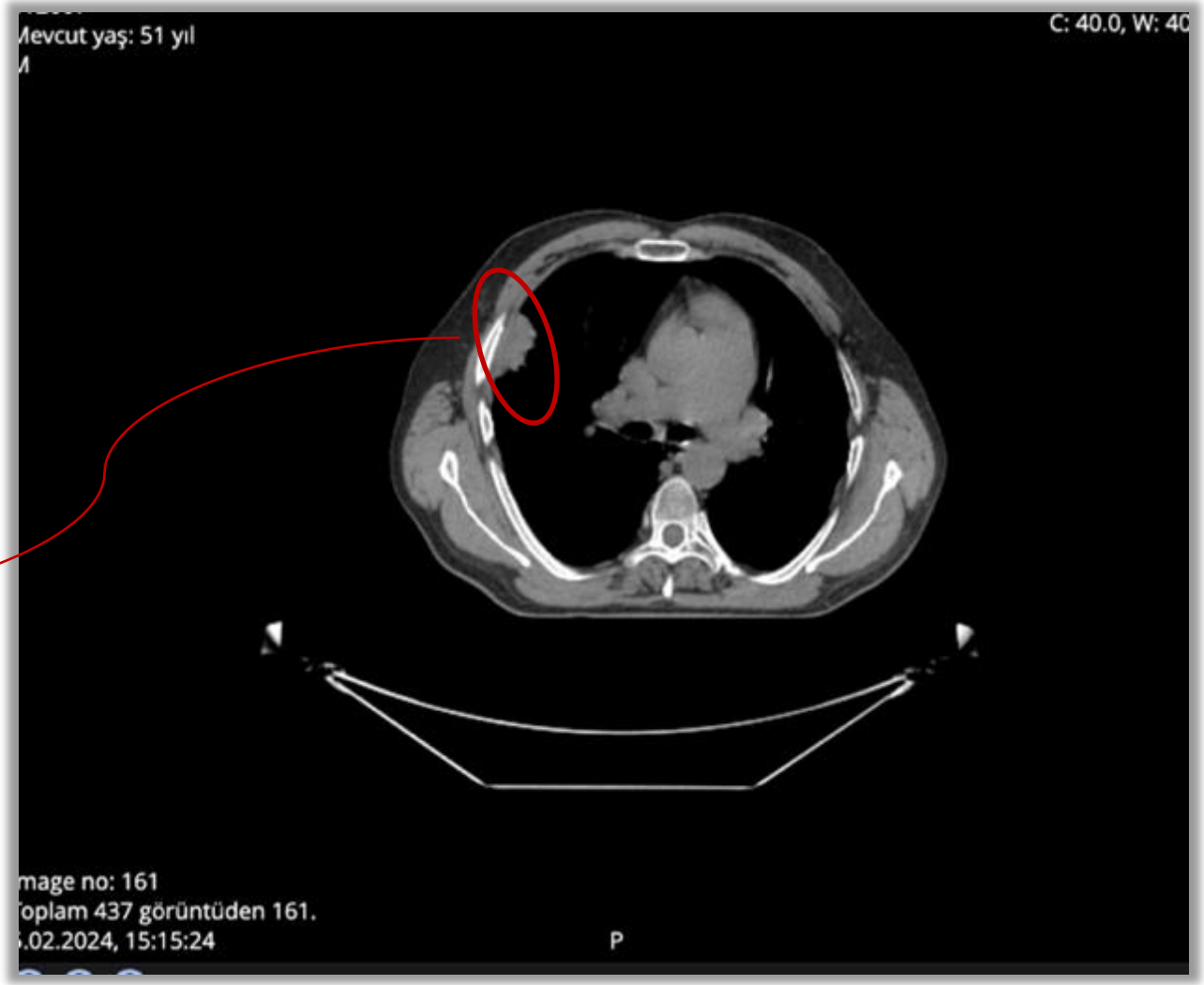
Radyoloji

1 hafta sonra

Sağ akciğer ön üst lobda

3.7×2.5 cm boyutunda plevra

tabanlı bir kitle lezyonu



Ön tanı

- Ateş
- Öksürük
- Balgam

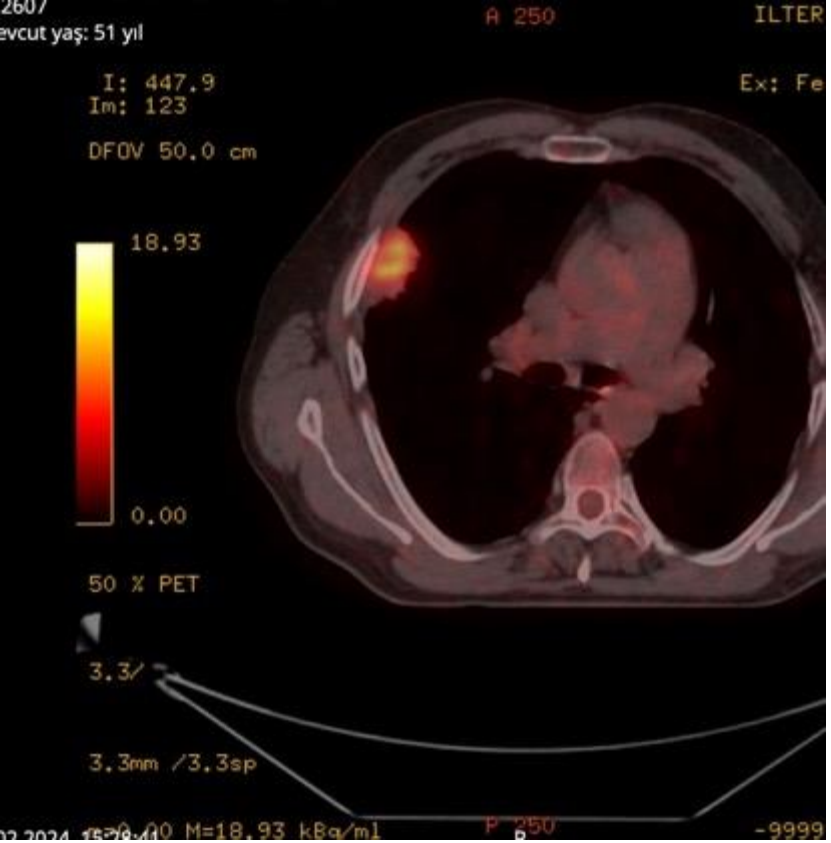
- Göğüs ağrısı

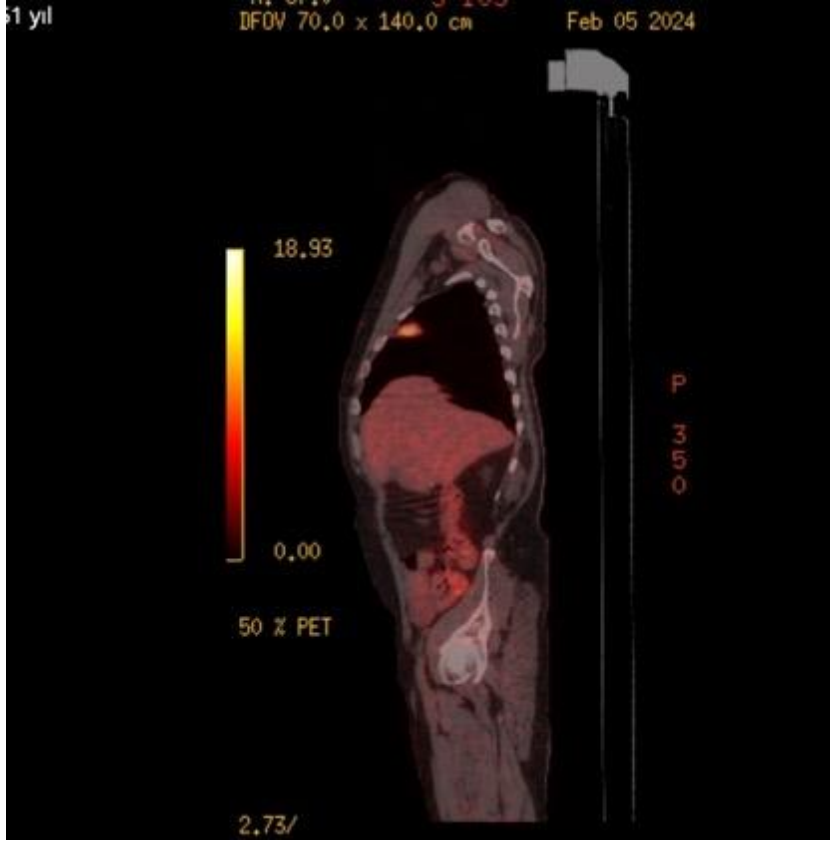
- Astım tanılı
- Sigara öyküsü yok

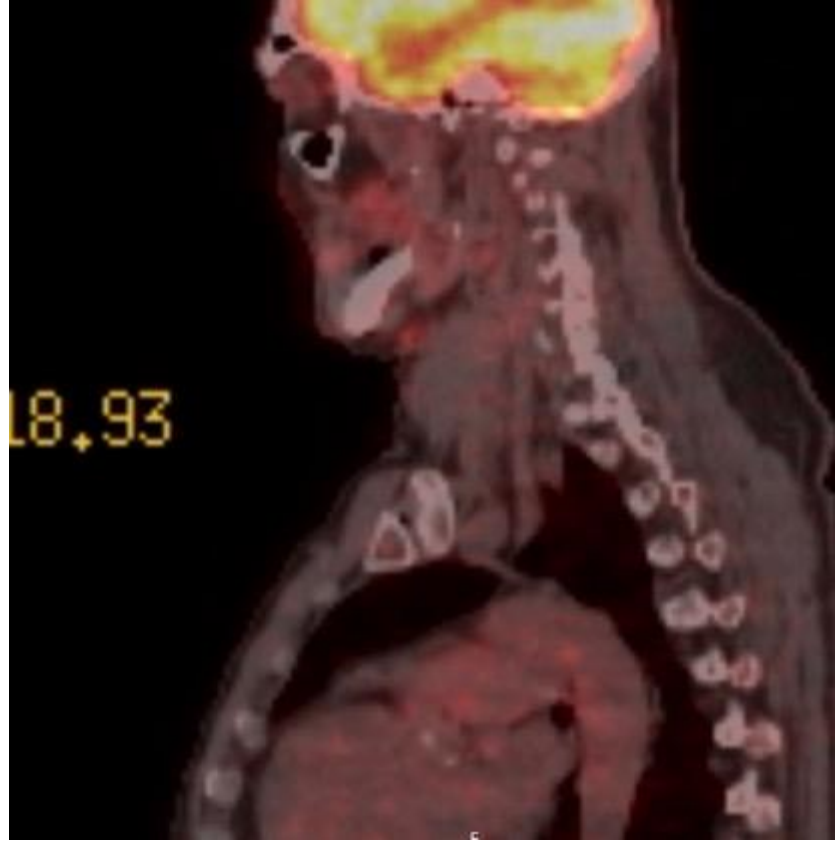
Göğüs cerrahisi

Malignite

PET CT
Cerrahi eksizyon







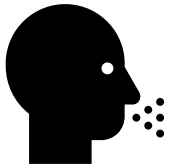
PET CT

Plevra ve fissüre dayanan sağ akciğerin ön üst lobunda bulunan **kitle lezyonunda artan 18F-FDG tutulumu**, metabolik boyutta 37 ×25 ×21 mm ve çevresi çevresinde buzlu cam opasiteleri (SUVmax: 7)

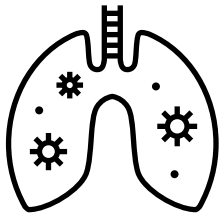
Morfolojik sınırlar ayırt edilemez olsa da metabolik boyutta 26×18 mm ölçen, **mediastenin sağ hiler bölgesindeki bir lenf düğümünde artmış 18F-FDG tutulumu** (SUVmax: 2.7)

Sol submandibuler bölgede **milimetrik bir lenf düğümünde artan 18F-FDG tutulumu** (SUVmax:4.7)

Ayırıcı tanı



- 51 yaş erkek
- Astım tanılı
- Çiftçi

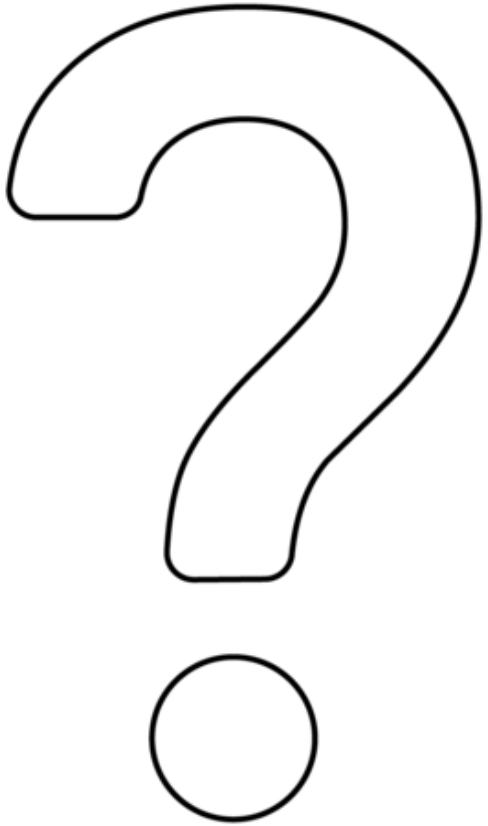


- Ateş, öksürük, balgam
- Göğüs Ağrısı

- Kilo kaybı yok
- Gece terlemesi yok

Sağ akciğer ön üst lobda

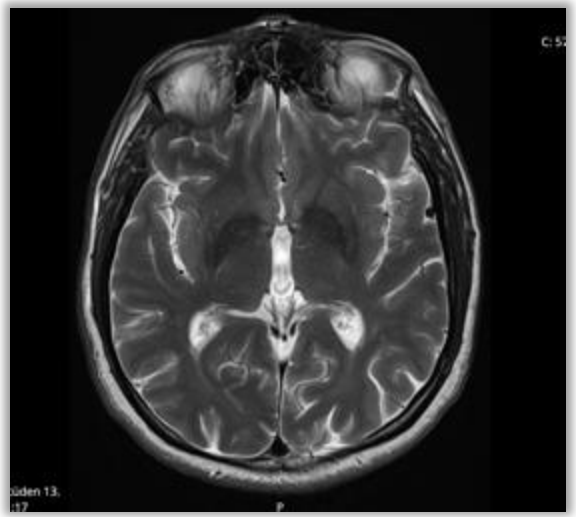
plevra tabanlı kitle lezyonu



Takip

Metastaz ?

Kontrastlı Beyin MR



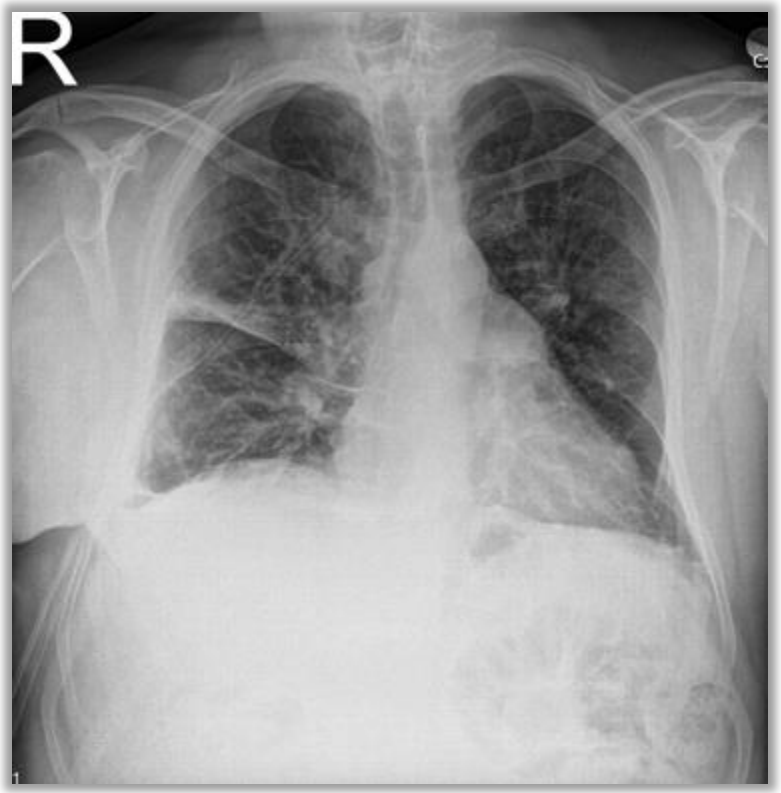
Primer akciğer malignitesi

Kama rezeksiyon

Takip

Postoperatif 3. gün

Balgam



Gram negatif diplokok
Gram negatif basil

PMNL

Levofloksasin 750 mg

24 saatte bir iv

Balgam kültürü
Kan kültürü

Toraks BT

- Mediastende ve her iki hiler bölgede büyüğünün kısa aksı **12 mm olan lenf nodları**
- Sağ hemitoraksta en kalın yerinde **2 cm ye ulaşan plevral efüzyon**
- Sağ akciğerde yer yer alt lobta daha belirgin olmak üzere lineer fibroatelektaziler
- Sağ akciğer üst lobta anterior segmentte minör fissür komşuluğunda operasyon materyallerinin eşlik ettiği lineer atelektazik alan (operasyona sekonder)
- Sağ hemitoraksta ciltaltı 2-7. kot anteriorda komşu kas gruplarında ve ciltaltı yağlı planlarda hava partikülleri ve kirlenmeler dikkati çekmektedir (post- op değişiklik)
- Sağ akciğer orta lob lateralde **subplevral** yerleşimli fissüre uzanan **konsolidasyon** alanı dikkati çekmektedir (loküle effüzyon?)

Takip

- **<u>Yatış 13. gün</u>**
  - Kan kültürü → Üreme yok
  - Balgam kültürü

↓

Levofloksasin 750 mg iv
10. gün → Taburcu → 14 gün

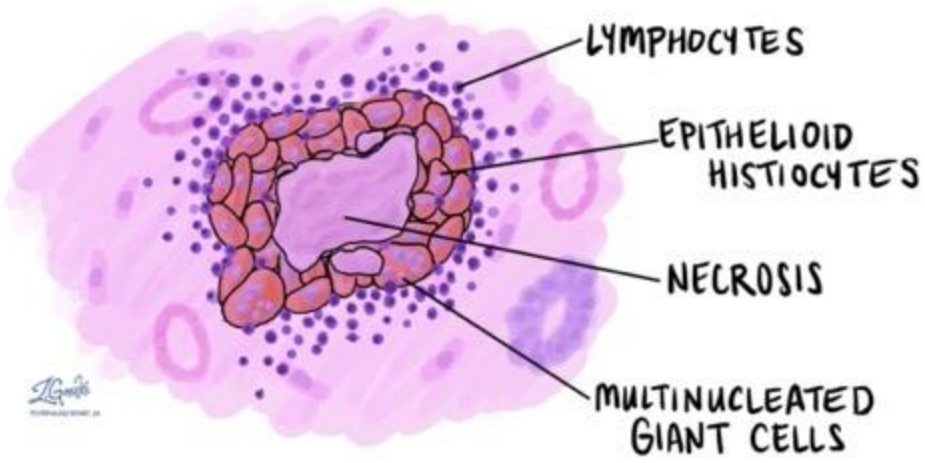
Takip

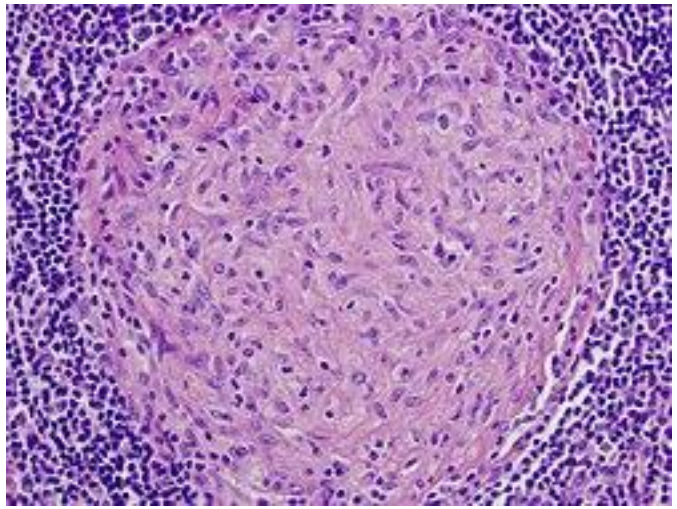
<u>Poliklinik kontrolü</u>

- Akciğer biyopsisi

Fokal süpüratif inflamasyon alanları ve fokal kalsifikasyon odakları içeren **<u>nekrotizan kronik granülomatöz inflamasyon</u>**

Granülotamöz inflamasyon





- İnfektif
- Toksik
- Otoimmün
- Allerjik
- Neoplastik
- İdiopatik

- Tüberküloz
- Brusella
- Salmonella
- Kedi tırmığı hastalığı
- Sfiliz
- Tularemi
- Q ateşi
- Lepra

- Histoplazmoz
- Blastomikoz
- Koksidomikoz
- Şistosomiazis

Ayırıcı Tanı

Doku biyopsi kültürü → Mikobakteri: üreme yok
ARB: negatif

Amok-klav (7 gün)
Klartiromisin (7 gün)
Levofloksasin (14 gün)

PPD: negatif
Rose Bengal: negatif
VDRL/TPHA: negatif

Anti HIV: Negatif

Tüberküloz öyküsü yok
Kedi tırmalama öyküsü yok
Şüpheli cinsel temas yok

En başa dönelim

- Meslek: Çiftçi
  - Tarım ve hayvancılık ✓
- Yaşadığı yer: Sivas- Zara
  - İçme suyu: Musluk suyu ve doğal kaynak suyu
  - Fare teması
  - Evinin etrafında ölü fareler

Tularemi mikroaglütinasyon testi

(MAT) 1/1280 titre

Diagnostic Microbiology & Infectious Disease 111 (2025) 116585

Contents lists available at ScienceDirect

Diagnostic Microbiology & Infectious Disease

journal homepage: www.elsevier.com/locate/diagmicrobio

The great tularemia outbreak in Sivas: Evaluation of 205 cases

Yasemin Çakır Kıymaz [a,*], Serkan Bolat [b], Bilge Katırcı [c], Özlem Aldemir [c], Işık Altınkaya [c], Merdan Mustafa Özcan [c], Serhat Murat Hopoğlu [c], Murtaza Öz [c], Ertuğrul Keskin [a], Caner Öksüz [d], Mürşit Hasbek [e], Ahmet Aksoy [f], Onur Mahmutoğlu [g], Duygu Çelik Seyitoğlu [h], Seyit Ali Büyüktuna [a], Nazif Elaldi [a]

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[e] Department of Medical Microbiology, Faculty of Medicine, Sivas Cumhuriyet University, Sivas, Turkey
[f] Department of Otorhinolaryngology, Faculty of Medicine, Sivas Cumhuriyet University, Sivas, Turkey
[g] Sivas Provincial Health Directorate, Ministry of Health, Sivas, Turkey
[h] Public Health Services, Sivas Provincial Health Directorate, Ministry of Health, Sivas, Turkey

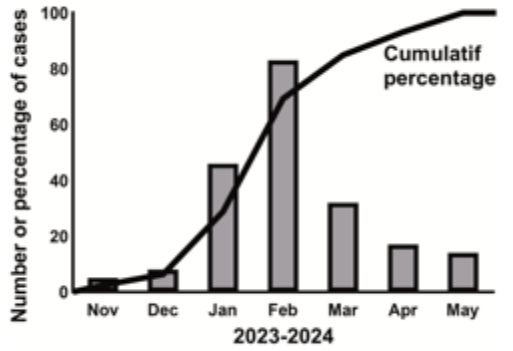


Fig. 1. Distribution of cases according to the time symptoms started.

Fig. 2. Distribution of tularemia cases diagnosed in Sivas province between November 2023 and May 2024.

Kesin tanı

Patoloji preparatından tularemi PCR

Referans laboratuvar bunun ancak taze dokudan mümkün olduğu ve yapılamayacağı bildirildi.

Bu nedenle ileri inceleme yapılamadı.

Başka tularemi odağı ?

Submandibular LAP

Pulmoner tularemi

Profilaksi

- **<u>Laboratuvar personelinin kazara maruz kalması</u>**
  - Antibiyotik tedavisine 24 saat içinde başlanmalı ve Siprofloksasin 500 mg 12 saatte bir veya doksisiklin 100 mg 12 saatte bir, 14 gün
- **<u>Maruziyetin büyük ihtimalle gerçekleşmediği durumlar (laboratuvarda)</u>**
  - 14 gün boyunca vücut sıcaklığının günlük olarak ölçülmesi ve semptomlar ortaya çıkarsa tedaviye hazır olma dahil olmak üzere artan bir dikkat
- ***<u>F. tularensis</u>*<u>'in aerosol yoluyla tesadüfi yayılması</u>**
  - Potansiyel olarak maruz kalan kişilere, maruziyetten sonraki 14 gün içinde ateş gelişimine karşı dikkatli olmaları ve gerekirse yukarıdaki programa göre tedaviye başlamaları talimatı verilmeli

World Health Organization. (2007). WHO Guidelines on tularaemia. World Health Organization

Profilaksi ?

- Hastanın pulmoner tularemi olduğu **postoperatif 45. günde** öğrenildi ve operasyona katılan sağlık çalışanları tularemi açısından sorgulandı.
- Operasyon sırasında tüm personel maskeli olduğu ve hiçbir sağlık çalışanında ameliyat sonrası herhangi bir semptom olmadığı öğrenildi.
- Mikrobiyoloji laboratuvar personellerinde de tularemi ile ilgili herhangi bir şikayet olmadığı öğrenildi.
- Bu nedenle sağlık çalışanlarına herhangi bir profilaksi önerilmedi.

Pulmoner tularemi

Tularemi

- **Etken:** Gram negatif, aerobik, hareketsiz, hücre içi çoğalan bir kokobasil olan *Francisella tularensis*

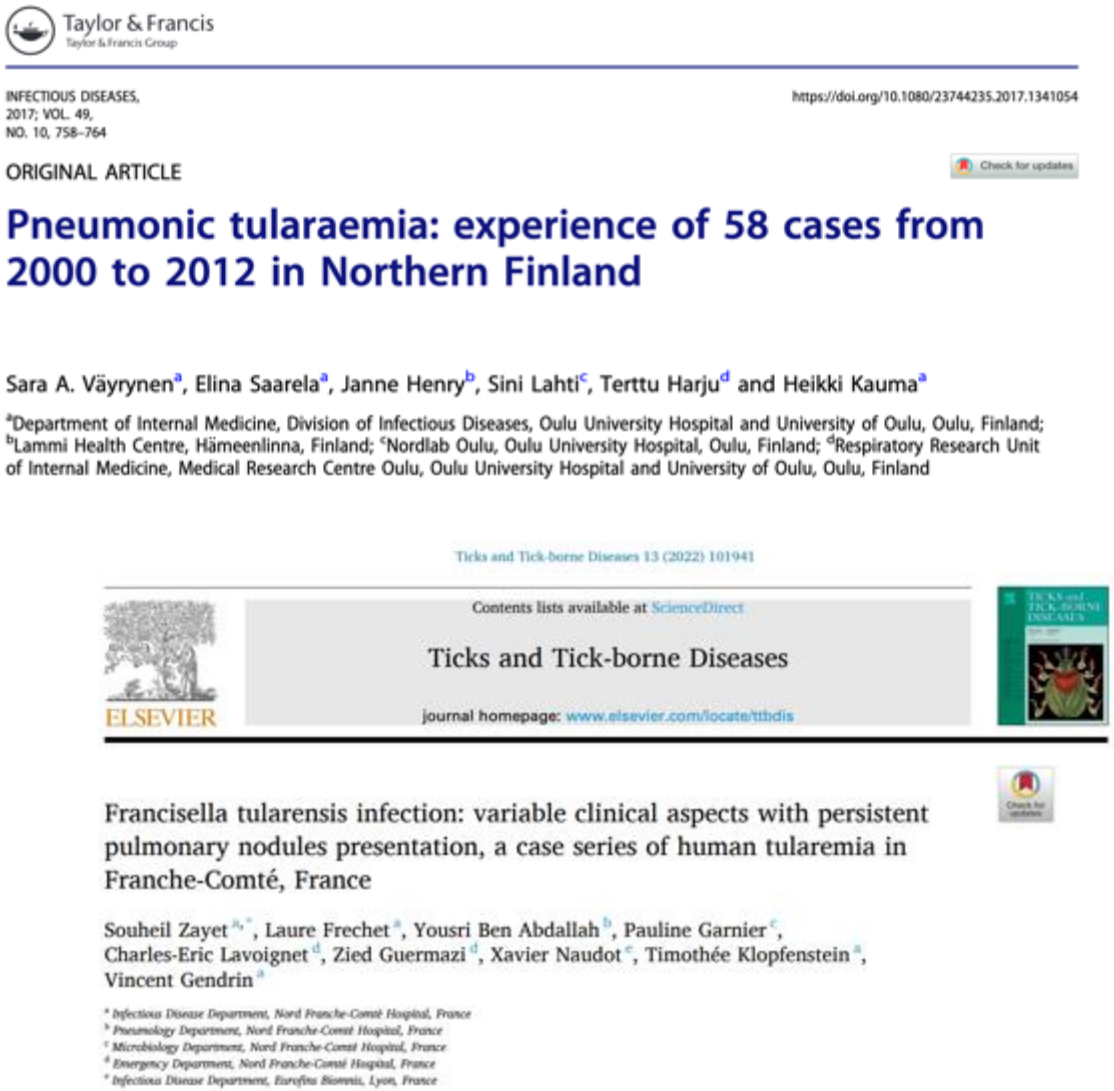
- **Bulaş:** Enfekte hayvanlarla, kontamine su veya toprakla doğrudan temas, kirli su, keneler ısırığı, aerolizasyon, laboratuvar

- **Klinik:** Ülseroglandüler, orofaringeal, glandüler, okülоglandüler, tifoid (sistemik), pnömonik

M. Maurin, M. Gyuranecz Tularaemia: clinical aspects in Europe. Lancet Infect. Dis., 16; (2016): 113-124
G. Hestvik, et al. The status of tularemia in Europe in a one-health context: a review Epidemiol. Infect., 143 (2015),:2137-2160

Pulmoner Tularemi

- **Bulaş:** İnhalasyon, hematojen yayılım
- **Klinik:** Ateş, öksürük, dispne, göğüs ağrısı



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INFECTIOUS DISEASES,
2017; VOL. 49,
NO. 10, 758–764

https://doi.org/10.1080/23744235.2017.1341054

ORIGINAL ARTICLE

Check for updates

Pneumonic tularaemia: experience of 58 cases from 2000 to 2012 in Northern Finland

Sara A. Väyrynen[a], Elina Saarela[a], Janne Henry[b], Sini Lahti[c], Terttu Harju[d] and Heikki Kauma[a]

[a]Department of Internal Medicine, Division of Infectious Diseases, Oulu University Hospital and University of Oulu, Oulu, Finland; [b]Lammi Health Centre, Hämeenlinna, Finland; [c]Nordlab Oulu, Oulu University Hospital, Oulu, Finland; [d]Respiratory Research Unit of Internal Medicine, Medical Research Centre Oulu, Oulu University Hospital and University of Oulu, Oulu, Finland

Ticks and Tick-borne Diseases 13 (2022) 101941

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Ticks and Tick-borne Diseases

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Francisella tularensis infection: variable clinical aspects with persistent pulmonary nodules presentation, a case series of human tularemia in Franche-Comté, France

Souheil Zayet[a,*], Laure Frechet[a], Yousri Ben Abdallah[b], Pauline Garnier[c], Charles-Eric Lavoignet[d], Zied Guermazi[d], Xavier Naudot[e], Timothée Klopfenstein[a], Vincent Gendrin[a]

[a] Infectious Disease Department, Nord Franche-Comté Hospital, France
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[c] Microbiology Department, Nord Franche-Comté Hospital, France
[d] Emergency Department, Nord Franche-Comté Hospital, France
[e] Infectious Disease Department, Eurofins Biomnis, Lyon, France

M. Maurin, M. Gyuranecz Tularaemia: clinical aspects in Europe. Lancet Infect. Dis., 16; (2016): 113-124
G. Hestvik, et al. The status of tularemia in Europe in a one-health context: a review Epidemiol. Infect., 143 (2015),:2137-2160
Sara A. Väyrynen et al. Pneumonic tularaemia: experience of 58 cases from 2000 to 2012 in Northern Finland, Infectious Diseases. 2017;49(10):758-764

Pulmoner Tularemi

Multicenter Study > Clin Microbiol Infect. 2014 Dec;20(12):O1042-51.

doi: 10.1111/1469-0691.12741. Epub 2014 Aug 13.

Evaluation of tularaemia courses: a multicentre study from Turkey

H Erdem [1], D Ozturk-Engin, M Yesilyurt, O Karabay, N Elaldi, G Celebi, N Korkmaz, T Guven, S Sumer, N Tulek, O Ural, G Yilmaz, S Erdinc, S Nayman-Alpat, E Sehmen, C Kader, N Sari, A Engin, G Cicek-Senturk, G Ertem-Tuncer, G Gulen, F Duygu, A Ogutlu, E Ayaslioglu, A Karadenizli, M Meric, M Ulug, C Ataman-Hatipoglu, F Sirmatel, S Cesur, S Comoglu, A Kadanali, A Karakas, A Asan, I Gonen, Y Kurtoglu-Gul, N Altin, S Ozkanli, F Yilmaz-Karadag, M Cabalak, S Gencer, A Umut Pekok, D Yildirim, D Seyman, B Teker, H Yilmaz, K Yasar, I Inanc Balkan, H Turan, M Uguz, S Kilic, Y Akkoyunlu, S Kaya, A Erdem, A Inan, Y Cag, S Bolukcu, A Ulu-Kilic, N Ozgunes,

Original Article

Tularemia, a Reemerging Disease in Northwest Turkey: Epidemiological Investigation and Evaluation of Treatment Responses

Güven Çelebi*, Fatma Baruönü, Ferruh Ayoğlu[1], Fikret Çinar[2], Aynur Karadenizli[3], Mehmet Birol Uğur[2] and Suna Gedikoğlu[4]

Department of Infectious Disease and Clinical Microbiology, [1]Department of Public Health and [2]Department of Otorhinolaringology Head and Neck Surgery, Faculty of Medicine, Zonguldak Karaelmas University, Zonguldak; [3]Department of Microbiology and Clinical Microbiology, Faculty of Medicine, Kocaeli University, Kocaeli; and [4]Department of Infectious Disease and Clinical Microbiology, Faculty of Medicine, Uludağ University, Bursa, Turkey

European Journal of Epidemiology **16**: 271–276, 2000.

Tularemia in Bursa, Turkey: 205 cases in ten years

S. Helvacı, S. Gedikoğlu, H. Akalın & H.B. Oral

Department of Microbiology and Infectious Diseases, Uludağ University, School of Medicine, Bursa, Turkey

Accepted in revised form 23 November 1999

Helvacı S, et al.. Tularemia in Bursa, Turkey: 205 cases in ten years. European Journal of Epidemiology, 2000;16:271-276.
Erdem H, et al. Evaluation of tularaemia courses: a multicentre study from Turkey. Clin Microbiol Infect. 2014;20(12):O1042-51
Celebi G, et al. Tularemia, a reemerging disease in northwest Turkey: epidemiological investigation and evaluation of treatment responses. Jpn J Infect Dis. 2006;59(4):229-34. .

Pulmoner Tularemi

Short Communication

Evaluation of Clinical and Laboratory Findings of Pediatric and Adult Patients with Oropharyngeal Tularemia in Turkey: a Combination of Surgical Drainage and Antibiotic Therapy Increases Treatment Success

Mustafa Gokhan Gozel[1*], Aynur Engin[1], Emine Elif Altuntas[2], İsmail Salk[3], Ali Kaya[4], Cem Celik[5], Ilyas Dokmetas[1], Mehmet Bakir[1], and Nazif Elaldi[1]

[1]*Department of Infectious Diseases and Clinical Microbiology,*
[2]*Department of Otorhinolaryngol*
[3]*Department of Radiology,*
[4]*Department of Pediatrics, an*
[5]*Department of Medical Microbiology, Cumhuriyet University F*

Outbreak of tularemia: a case–control study and environmental investigation in Turkey

Hakan Leblebicioglu[a,*], Saban Esen[a], Derya Turan[a], Yucel Tanyeri[b], Aynur Karadenizli[c], Fatma Ziyagil[d], Guher Goral[e]

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AN EVALUATION OF PATIENTS WITH TULAREMIA IN DUZCE PROVINCE IN THE WESTERN BLACK SEA REGION OF TURKEY

Nevin Ince[1,*], Ozlem Cetinkaya[2], Bekir Tunca[1], Yasemin Cakir[1]

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[3]Department of Infectious Diseases and Clinical Microbiology, Duzce University Faculty of Medicine, Duzce, Turkey

Leblebicioglu H, et al. Outbreak of tularemia: a case-control study and environmental investigation in Turkey. Int J Infect Dis. 2008;12(3):265-9.

Gozel MG, et al. Evaluation of clinical and laboratory findings of pediatric and adult patients with oropharyngeal tularemia in Turkey: a combination of surgical drainage and antibiotic therapy increases treatment success. Jpn J Infect Dis. 2014;67(4):295-9.

Ince N, et al. An evaluation of patients with tularemia in Duzce province in the wetern black sea region in Turkey. Fresenius Enviromental Bulletin. 2020;29(11). 10035-39

Literatür

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https://doi.org/10.1080/23744235.2017.1341054

ORIGINAL ARTICLE

Pneumonic tularaemia: experience of 58 cases from 2000 to 2012 in Northern Finland

Sara A. Väyrynen[a], Elina Saarela[a], Janne Henry[b], Sini Lahti[c], Terttu Harju[d] and Heikki Kauma[a]

[a]Department of Internal Medicine, Division of Infectious Diseases, Oulu University Hospital and University of Oulu, Oulu, Finland; [b]Lammi Health Centre, Hämeenlinna, Finland; [c]Nordlab Oulu, Oulu University Hospital, Oulu, Finland; [d]Respiratory Research Unit of Internal Medicine, Medical Research Centre Oulu, Oulu University Hospital and University of Oulu, Oulu, Finland

Table 2. Presenting symptoms in the pneumonic tularaemia cases.

Symptom	*n* (%)
Fever	54 (93)
Respiratory symptoms	31 (53)
Headache	20 (34)
Pain in the muscles/joints	14 (24)
Chest pain	6 (10)
Nausea	5 (9)
Pain in the stomach/diarrhoea	4 (7)
Other[a]	5 (9)

a Including visual impairments, reduced urine secretion, vertigo and dizziness.

- 43 olguda (%91) hiler ve/veya mediastinal LAP
- 33 olguda (%70) unilateral ve 10 olguda (%21) bilateral pulmoner infiltrasyonlar
- 16 olguda (%34) plevral efüzyon
- Dört olguda (%7) PA AC grafisi normal

Table 3 of 4

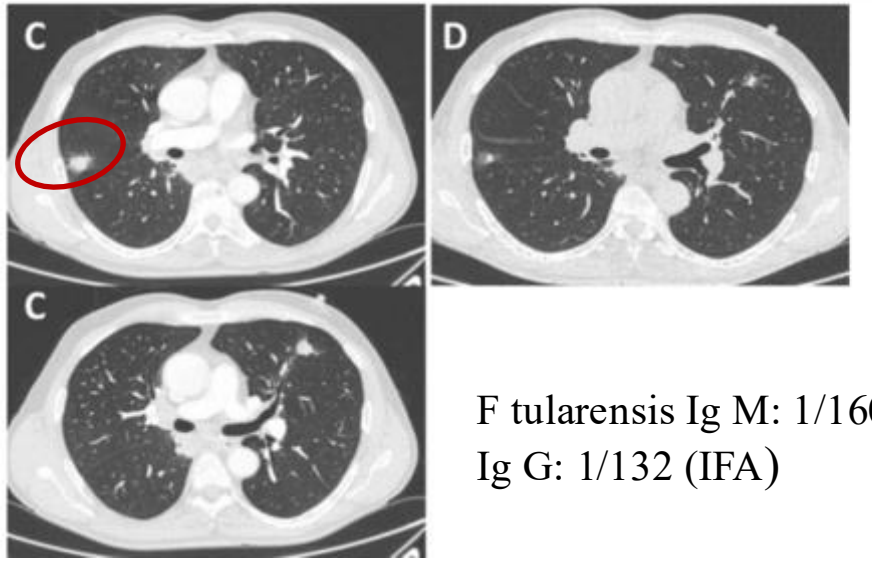
Table 3. The first suspected diagnosis in the emergency unit of Oulu University Hospital.

Diagnosis	*n* (%)
Pneumonia	21 (36)
Other infection	10 (17)[a]
Unspecified infection	24 (41)
Hypersedimentation	1 (2)
Malignancy	2 (3)

a Including tularaemia and epidemic nephropathy in three (5%) cases and sepsis, gastroenteritis, virusmeningitis, and erythema nodosum in one (2%) case.

Sara A. Väyrynen et al. Pneumonic tularaemia: experience of 58 cases from 2000 to 2012 in Northern Finland, Infectious Diseases. 2017

Literatür



F tularensis Ig M: 1/160
Ig G: 1/132 (IFA)

Tedavi-

Ticks and Tick-borne Diseases 13 (2022) 101941

Contents lists available at ScienceDirect

Ticks and Tick-borne Diseases

journal homepage: www.elsevier.com/locate/ttbdis

Francisella tularensis infection: variable clinical aspects with persistent pulmonary nodules presentation, a case series of human tularemia in Franche-Comté, France

Souheil Zayet [a,*], Laure Frechet [a], Yousri Ben Abdallah [b], Pauline Garnier [c], Charles-Eric Lavoignet [d], Zied Guermazi [d], Xavier Naudot [e], Timothée Klopfenstein [a], Vincent Gendrin [a]

[a] Infectious Disease Department, Nord Franche-Comté Hospital, France
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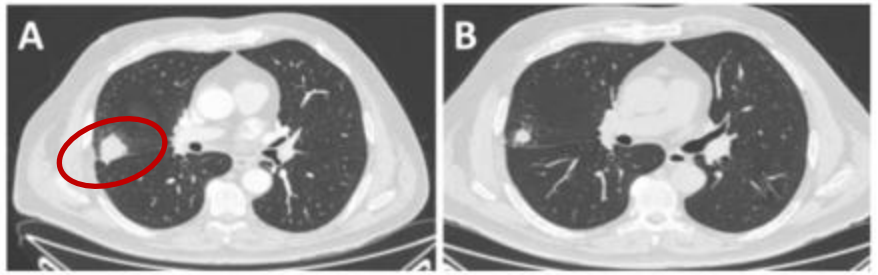
[c] Microbiology Department, Nord Franche-Comté Hospital, France
[d] Emergency Department, Nord Franche-Comté Hospital, France
[e] Infectious Disease Department, Eurofins Biomnis, Lyon, France



F tularensis Ig M: 1/160, Ig G: 1/132 (IFA)

Tedavi: -

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Zayet S, et al. Francisella tularensis infection: variable clinical aspects with persistent pulmonary nodules presentation, a case series of human tularemia in Franche-Comté, France. Ticks Tick Borne Dis. 2022;13(3):101941.

Literatür

Retrospektif

2016-2020

27 hasta

16 hasta- **kesin tularemi**
- 11 hasta PCR
- 2 hasta serokonversiyon
- 3 hasta- titre artışı

11 hasta- **olası tularemi**
- Tek yüksek antikor titresi

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Original article

Hypermetabolic pulmonary lesions on FDG-PET/CT: Tularemia or neoplasia?☆

Pauline Martinet[a], Lydie Khatchatourian[a], Nadia Saidani[a], Marie-Sarah Fangous[b], Dorothée Goulon[c], Ludovic Lesecq[d], Florence Le Gall[b], Brice Guerpillon[a], Romain Corre[e], Nicolas Bizien[e], Jean-Philippe Talarmin[a,*]

[a] Department of Infectious Diseases, Centre Hospitalier de Cornouaille, 14, avenue Yves Thépot, 29000 Quimper, France
[b] Department of Microbiology, Centre Hospitalier de Cornouaille, Quimper, France
[c] Department of Nuclear Medicine, Centre Georges Charpak, Quimper, France
[d] Department of Infectious Diseases, Clinique Saint Michel, Quimper, France
[e] Department of Pulmonary Diseases, Centre Hospitalier de Cornouaille, Quimper, France

%59 (n=16) histopatolojik dğerlendirme

%29 (n=8) nonspesifik bulgular

%11 (n=3) nekrozlu granülomlar

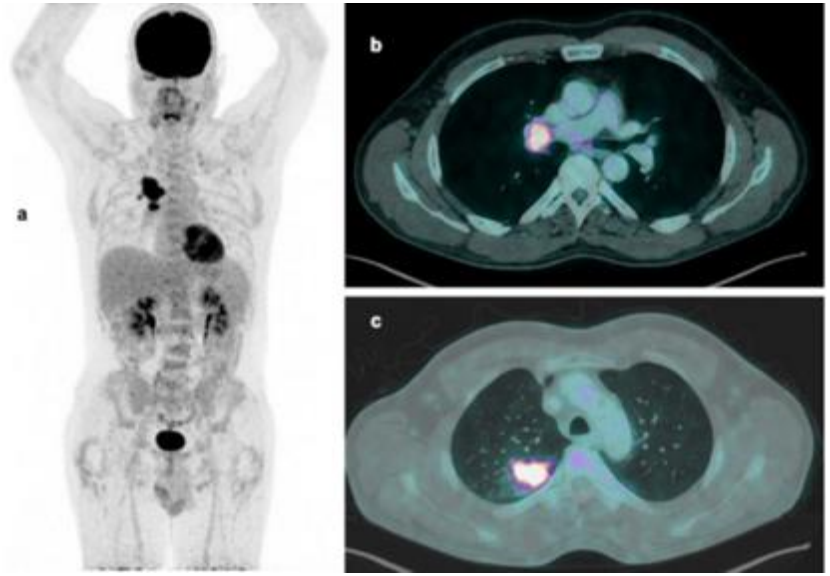

Table 2
Radiological presentation in 27 patients.

Enlarged lymph nodes	27/27
Isolated	5/27
Associated with pulmonary lesions	20/27
Associated with pleural effusion	2/27
Pulmonary lesions	20/27
Nodules	18/27
Single	10/18
Multiple	8/18
Bilateral lobar involvement	3/8
Mean number	1.6 [1; 4]
Pneumonia aspect	3/27
Pulmonary nodule and pneumonia aspect	1/27
Pleural effusion	6/27
Isolated	2/27
Associated with pulmonary lesions	4/27
Median SUVmax	12.9 [6.5; 24.9]
PET-CT suggestive of malignancy	15

Tedavi
19 hasta (%70)

Doksisiklin (%95)
Siprofloksasin (%5)

14 veya 21 gün

Martinet P, et al. Hypermetabolic pulmonary lesions on FDG-PET/CT: Tularemia or neoplasia? Infect Dis Now. 2021;51(7):607-613.

Pulmoner tularemi

European Journal of Epidemiology 16: 271–276, 2000.

Tularemia in Bursa, Turkey: 205 cases in ten years

S. Helvacı, S. Gedikoğlu, H. Akalın & H.B. Oral
Department of Microbiology and Infectious Diseases, Uludağ University, School of Medicine, Bursa, Turkey

Accepted in revised form 23 November 1999

Table 4. Clinical forms of 205 patients with tularemia

Clinical form	Number of cases (%)
Oropharyngeal	170 (83)
Oculoglandular	16 (8)
Ulceroglandular	2 (1)
Glandular	2 (1)
Oropharyngeal & Pneumonia	1 (0.5)
Subclinical	9 (4)
Others (2 cases with only fever; 2 cases with fever and erythema nodosum-like skin lesion; one case with arthralgia)	5 (2)

NEW MICROBIOLOGICA, 36, 315-323, 2013

Francisella tularensis bacteremia: report of two cases and review of the literature

Selma Karagöz[1], Selçuk Kiliç[2], Elife Berk[1], Azize Uzel[3], Bekir Çelebi[2], Şenol Çomoğlu[4], Alper Karagöz[5], Işin Akyar[6], Simge Can[6]

[1]*Ministry of Health Kayseri Training and Research Hospital, Microbiology Laboratory, Kayseri, Turkey;*
[2]*Public Health Institution of Turkey, National Tularemia Reference Laboratory, Ankara, Turkey;*
[3]*Ministry of Health Kayseri Training and Research Hospital, Chest Diseases Clinics, Kayseri, Turkey;*
[4]*Ministry of Health Kayseri Training and Research Hospital, Infectious Diseases Clinics, Kayseri, Turkey;*
[5]*Public Health Institution of Turkey, Molecular Microbiology Research Laboratory, Ankara, Turkey;*
[6]*School of Medicine, University of Acibadem, Department of Medical Microbiology, Istanbul, Turkey*

Bir Tularemik Pnömoni Olgusu

A Case of Tularemic Pneumonia

Yunus Gürbüz[1], Zehra Demirbaş-Gülmez[2], Emin Ediz Tütüncü[1], İrfan Şencan[1]

[1]Dışkapı Yıldırım Beyazıt Eğitim ve Araştırma Hastanesi, İnfeksiyon Hastalıkları ve Klinik Mikrobiyoloji Kliniği, Ankara, Türkiye
[2]Gazi Üniversitesi, Tıp Fakültesi, İnfeksiyon Hastalıkları ve Klinik Mikrobiyoloji Anabilim Dalı, Ankara, Türkiye

Helvacı et al. (2000). Tularemia in Bursa, Turkey: 205 cases in ten years. European Journal of Epidemiology. 2000;*16*:271-276.
Karagöz S, et al. Francisella tularensis bacteremia: report of two cases and review of the literature. New Microbiol. 2013;36(3):315-23.
Gürbüz, Y,et al. Bir tularemik pnömoni olgusu. Klimik Derg. 2019;*32*(2):210-2.

Literatür

Bir Tularemik Pnömoni Olgusu

A Case of Tularemic Pneumonia

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72 yaş erkek

İşçi emeklisi

Çankırı ilinin bir köyü

Ateş, halsizlik, sol plöretik ağrı

Konsolidasyon

Resim 1. Hastanın posteroanterior grafisinde sol akciğer alt lobda pnömonik konsolidasyon.

Orofarinkste beyaz plaklar

Tularemi MAT: 1/1280

Balgam PCR: pozitif

Streptomisin 2x1 gr im (10 gün)

Gürbüz, Y,et al. Bir tularemik pnömoni olgusu. Klimik Derg. 2019;*32*(2):210-2.

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Olgu 1

53 yaş erkek
Kayseri
Kırsal yaşam
Şizofreni

Ateş, öksürük, miyalji, göğüs ağrısı

Sağ bazalde infiltrasyon

Kan kültürü: *F. tularensis*

Gentamisin
Siprofloksasin

Olgu 2

80 yaş kadın
DM, HT

Ateş, öksürük, nefes darlığı ve göğüs ağrısı

Bilatera plevral efüzyon
Sol AC alt lobda konsolidasyon

Tularemi MAT
11.gün: 1/80
18. gün: 1/1280

Kan kültürü: *F. tularensis*

Siprofloksasin

Karagöz S, et al. Francisella tularensis bacteremia: report of two cases and review of the literature. New Microbiol. 2013;36(3):315-23.

Sonuç

- Pulmoner tularemi nadir bir tularemi formu
- En sık semptomlar; ateş, öksürük, göğüs ağrısı
- Radyoloji: Hiler LAP, nodül, plevral efüzyon
- Tanı: Seroloji (MAT, ELISA, IFA), moleküler (PCR)
- Tedavi: ?
    - Streptomisin, Kinolonlar

Kaynaklar

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4 EYLUL 1919
CUMHURİYETİN TEMELİNİ BURADA ATTIK