

## Psittacosis (Ornithosis)

Ruta Leikuma

Preiļi hospital, Latvia

### Background and objectives

The aim is to remind colleagues about a rare disease called ornithosis. If anamnestic data is not collected thoroughly, there is no possibility to treat the patient. Commonly ornithosis presents as an acute condition. It is the most common zoonotic infection, also known as parrot fever. It is characterised by lung and nervous system damage, intoxication and hepatosplenic syndrome. The cause of disease is *Chlamidia psittaci*, it's incubation period is 1 to 4 weeks. Usually the treatment length is up to 45 days, **tetracycline, azithromycin or erythromycin or doxycycline** is used. The specialist can tell if the treatment is right if the symptoms resign and the objective data is improving. To diagnose psittacosis blood or sputum has to be taken, additionally skin allergy test can be carried out. Chest x-ray has to be performed, because the most commonly lungs are affected. Ornithosis can present with meningitis, polyneuritis, extremity paresis.

### Material (patients) and research method used

One patient was analysed, that had serologically confirmed psittacosis and positive epidemiological disease history (contact with birds)



### Findings/ results

Man, 80 years, loves to walk in the woods. He usually feeds birds on his window sills, and he had ticks quite often.

First the patient was observed in Rheumatological department, though no rheumatological disease had been confirmed. 08.06.18 after consultation with neurologist the diagnose was *mononeuronal* disease. 30.01.2019 patient had been hospitalised with complaints about rapid loss of strength in arm and head, so that he cannot hold them anymore. Patient can not swallow food properly, is depressive, has bulbar syndrome and severe paresis in both hands.

ESR = 48 mm/h, Leucocytes 10,79 x 9/l, neutrophils 8,19 x 9/l. CRP – 90,9. Chest x-ray reveals peripheral lung fibrosis, roots can be poorly visualised. CT of head 1.02.2019 ACA dex. basally hypodense zone 2,2x1,3 cm. Serology on Tick-borne encephalitis, *Borrelia burgdorferi* is negative. **Anti Chlamidia psitacci IgG** 05.02.2019 Positive, IgM positive.

He received amoxicillin and ceftriaxone, and 8.02.19 has been written out for ambulatory treatment – Doxycycline 100mg x 2 times per day, 4 weeks, C vitamin, Ipigrix and multivitamins. 22.04.2019 Hospitalised again with complaints about heart problems. He can now hold his head and can hold the spoon. CT of head 03.04.2019 ACA dex. Basally hypodense zone 1,8x1,0cm, CRP – 0,7 mg/l, ESR = 10mm/h, Leucocytes 15,30 x 9/l.

### Conclusions and recommendations

Main problem of helping the patients is the **rarity of the disease**. It is very important to ask the patient for epidemiological data (birds, travels etc.). The meningeal form of this disease is even more rare, but they respond to the treatment well, only the therapy has to be longer.

### Key words

*Chlamidia psitacci*; Ornithosis; Birds.