A 28-year-old male backpacker was admitted due to fever (38.4°C). He had returned from Laos (a 6-day trip) 10 days before admission. In Vang Vieng, he enjoyed “river tubing” (rafting on a tire inner tube). His spleen was palpable and his bulbar conjunctivae were congested (Pictures 1, 2). Laboratory tests revealed a total bilirubin level of 1.7 mg/dL, a serum creatinine level of 1.2 mg/dL, proteinuria and hematuria. We suspected that he was suffering from leptospirosis and initiated treatment with penicillin G at a dose of 1.5 million U administered intravenously every six hours. On the 3rd day, the patient was afebrile, and was therefore discharged with a 3-day course of oral azithromycin (500 mg once a day). Microscopic agglutination tests with paired serum showed elevation of the antibody titers \( \text{Leptospira borgpetersenii} \) \( \text{serovar Poi:} <1:10 \text{ to } 1:80, \text{ L. interrogans serovar Kremastos:} 1:20 \text{ to } 1:160 \).

Leptospirosis is endemic in Southeast Asian countries (1). Clinicians should pay attention to conjunctival suffusion and a history of exposure to fresh water in febrile travelers.

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Reference