[PICTURES IN CLINICAL MEDICINE]

Japanese Spotted Fever: A Rare Cause of Arthritis

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Picture 1.

Picture 2.

A 76-year-old Japanese woman was referred to our clinic with fever and right wrist pain of four days duration. Her right wrist was markedly swollen and tender (Picture 1A). A wrist X-ray was normal and musculoskeletal ultrasonography indicated active synovitis without crystal deposition (Picture 1B). On close examination, we identified a bite with an eschar on her left foot (Picture 2). A real-time polymerase chain reaction (PCR) analysis was performed on DNA isolated from a skin tissue samples following the method described in a previous report (1), and a *Rickettsia japonica* infection was thus identified. Treatment with minomycin (200 mg/day) was effective. Her fever improved the next day, and the arthritis also dramatically improved on the 7th day with no other treatments (Picture 1C). Japanese spotted fever (*Rickettsia japonica* infection) causes symptoms of fever and intense myalgia (2), but there are no reports of arthritis associated with this infection. It is therefore important to consider the possibility of *Rickettsia japonica*

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infection in patients with arthritis.

The authors state that they have no Conflict of Interest (COI).

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