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Photo Quiz

(For answer and discussion, see page 2016 in this issue [doi:10.1128/JCM.00703-12].)

A 38-Year-Old Man with Uveitis, Cholestasis, and Rash

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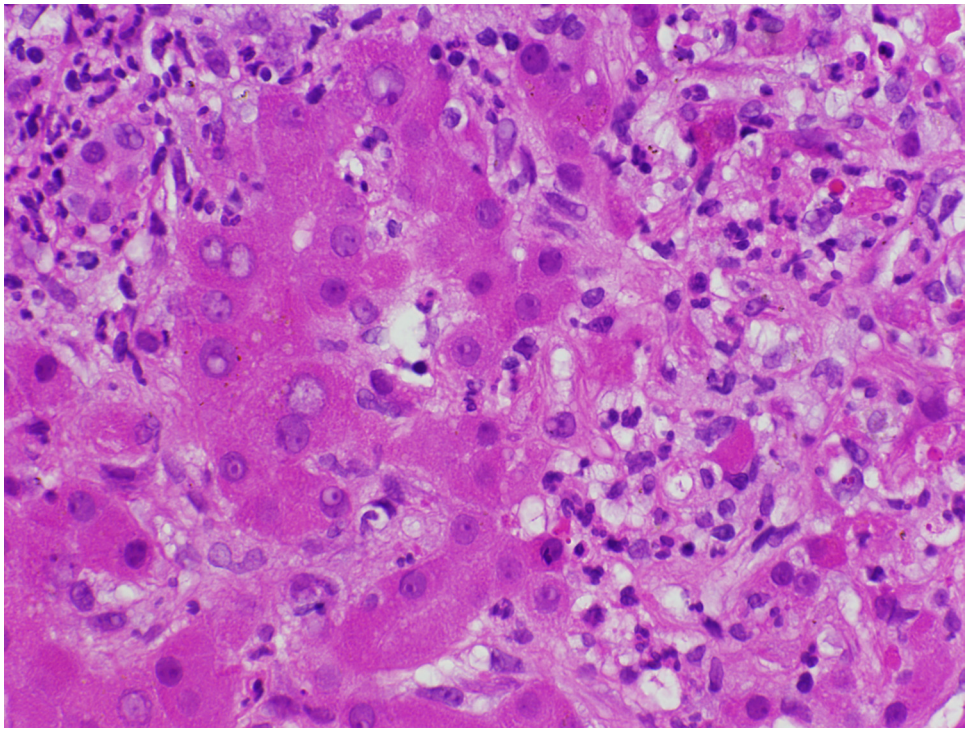

FIG 1 Specific immunohistochemical stain of liver biopsy specimen (magnification, ×1,000).

A 38-year-old previously healthy male with a 6-month outpatient history of progressive bilateral visual loss, diagnosed as uveitis, presented with severe jaundice and macular rash. The rashes were diffusely distributed over the trunk and extremities, involving the palms and soles. Laboratory studies revealed leukocytosis, thrombocytopenia, anemia, significant transaminitis (maximal alanine aminotransferase [ALT] level, 233 U/liter; aspartate transaminase [AST] level, 90 U/liter), an alkaline phosphatase level of 2,306 U/liter, and a total bilirubin level of 7.3 mg/dl. Additionally, anti-nuclear antibody (ANA) and scleroderma antibody (Ab) test results were positive. HIV was incidentally detected with a Western blot confirmation and an elevated viral load. The patient denied any sexual activity within the past 24 months, resided at home with his children, and was employed as a contractor in the construction business in the southwestern United States. He denied any recent travel history.

At presentation, the patient appeared to be jaundiced, and an oral examination revealed adherent white plaques on the tongue. Erythematous scaly macules, confluent with reticulate patches, were diffusely observed on the trunk and extremities. The palms and soles had hyperkeratotic circinate scales on a background of erythema. The neurological examination was significant for revealing blindness, and the results of the remainder of the physical examinations were unremarkable. A liver biopsy with hematoxylin and eosin (H&E) staining demonstrated severe acute hepatitis and hepatocellular necrosis. Warthin-Starry staining did not demonstrate any spirochetes. Leptospira was not considered, since the patient did not have a history of travel, his outdoor activity did not suggest that etiology, and another organism was serologically detected. Further specific immunohistochemical stains for that organism revealed spiral-shaped organisms and are shown in Fig. 1.

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doi:10.1128/JCM.00702-12