DIAGNOSIS

Both the IgM ELISA (Leptospirosis Reference Center, University Medical Center Amsterdam, the Netherlands) and Leptocheck-WB (Zephyr Biomedicals, India) for leptospirosis were positive, which was confirmed by PCR. Cultures from blood and bronchoalveolar fluid remained negative for bacteria and fungi. During intravenous antibiotic treatment with ceftriaxone for seven days, inflammatory markers, thrombocytes, and renal and liver function slowly improved. The patient was discharged in a severely weakened condition.

Leptospirosis is a zoonotic infection that is transmitted to humans by direct or indirect contact with infected animals. Leptospirosis is most common in tropical areas but occur rarely in temperate regions. In the Netherlands, the most common symptoms of leptospirosis are fever, myalgia, headache, diarrhea, and vomiting, which were also present in our patient. However, our patient also developed septic shock in combination with symptoms typically seen in severe leptospirosis, primarily, kidney failure, thrombocytopenia, isolated bilirubin increase, and alveolar hemorrhage. Potential contributing factors to the severe manifestation of leptospirosis in our patient might be the patient’s delay of one week before seeking help, a potential large amount of ingested fresh water, a possible decreased immunity due to his drug and alcohol abuse, and/or the presence of multiple wounds caused by the accident.

We reported this case as severe systemic leptospirosis after contact with contaminated water in the Netherlands during wintertime. Presentation of this case during the winter period could be due to global warming, which could cause expansion of the (sub)tropic regions where leptospirosis is endemic. In the future, awareness of leptospirosis is warranted in patients presenting with flu-like symptoms after contact with contaminated water or animals in the Netherlands throughout the year.

DISCLOSURES

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REFERENCES