



In each issue, *JUCM* will challenge your diagnostic acumen with a glimpse of x-rays, electrocardiograms, and photographs of dermatologic conditions that real urgent care patients have presented with.

If you would like to submit a case for consideration, please e-mail the relevant materials and presenting information to [editor@juqm.com](mailto:editor@juqm.com).

### The Case

The patient is a 29-year-old white male who presented three weeks after returning from a camping trip, during which he removed three ticks from his chest and back after being bitten.

He reports a one-week history of fever, fatigue, hot and cold spells, and arthralgia, and a one-day history of papular rash on the dorsum of his feet (**Figure 1** and **Figure 2**).

Physical examination was within the normal limits except for the rash

CBC and CMP were normal, with the exception of an AST of 78. Lyme antibody tests were negative. An antibody test for Rocky Mountain spotted fever (RMSF) was ordered, but that order was overlooked.

Nonetheless, a diagnosis of RMSF was made clinically; the patient was given doxycycline 100 mg po bid for 10 days. Within three days, however, follow-up revealed that the patient was back to normal, baseline health status. He continued the entire course of treatment, as directed.

### Review

The rash typical to Rocky Mountain spotted fever appears as small red spots and blotches that begin on the wrists, ankles, palms, and soles. Typically, symptoms occur one to two weeks after a tick bite with sudden onset of fever, myalgias, headache, and GI distress. The rash typically appears on the third through fifth day.

*Acknowledgment: Case presented and patient evaluated by Deepa Narayanan, MD, a Texas-based urgent care physician.*



Figure 1.



Figure 2.