Human brucellosis in Thailand: Reported cases summary

Tayland'daki insan brusellozisi: Rapor edilmiş vakaların özeti

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INTRODUCTION

Brucellosis is an important zoonosis from cattle, swine, goats, sheep and dogs. It can be seen in many countries around the world (1). The patient can have wide spectrum of clinical feature and it is usually seen as a case of fever of unknown (FUO) origin (2). However, in Southeast Asia, this disease is extremely rare. In Thailand, a tropical country in Southeast Asia, brucellosis was firstly reported in 1970 and there were sporadic case reports after that (3, 4). Here, the authors have summarized on the clinical features of all available case reports of brucellosis in Thailand until now (October 2015). According to the searching in standard databases (PubMED, Scopus, Index Copernicus and Thai Index Medicus), there are at least 14 cases of human brucellosis reported from Thailand (4-10). All cases are also recorded due to the national disease notification system. All cases were adult patients except one. Prolonged FUO was the main clinical presentation seen in all cases. All adult cases also presented the complaint of weight loss. Lung complications (lobar pneumonia) could be seen in two cases. There was no problem of dermatological or gastrointestinal problem. The common laboratory finding in all cases was pancytopenia. Immunological test (serum agglutination test, cut off point 1:160) and blood culture helped to confirm diagnosis in all cases (no PCR test was available for diagnosis in studied reported cases). Standard antibiotic (doxycycline) treatment was used in all cases and it was proved to be effective for management of all Thai cases; complete recovery could be observed. Although there are few case reports on human brucellosis in Thailand. The high seropositivity (45.35%) among general health people was recently reported (11) from a city where the outbreak took place in the previous year. In that recent study (11), "contact with labored or aborted goats" and "consumption of raw goat products" were approved as risk factors for human brucellosis in Thailand. In Thailand, brucellosis can be seen and the clinical pattern is concordant with the standard medical textbooks and pulished literatures. In Thailand, fever is the main clinical presentation and the respiratory problem is predominate. Goat is the major source of infection and B. melitensis the principal cause of human brucellosis. Although the cases are rare in Thailand, it is also similar to the previous report from other countries such as Turkey (12).

Key Words: Human, brucellosis, Thailand

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CONFLICTS of INTEREST

The authors declare no conflicts of interest.

REFERENCES

- Hasanjani Roushan MR, Ebrahimpour S. Human brucellosis: An overview. Caspian J Intern Med, 2015; 6: 46-7.
- 2. Mir T, Nabi Dhobi G, Nabi Koul A, Saleh T. Clinical profile of classical Fever of unknown origin (FUO). Caspian J Intern Med, 2014; 5: 35-9.
- 3. Subharngkasen S. Brucellosis in Thailand. Bull Off Int Epizoot, 1970; 73: 9-15.
- Visudhiphan S, Na-Nakorn S. Brucellosis. First case report in Thailand. J Med Assoc Thai, 1970; 53: 289-93.
- Paitoonpong L, Ekgatat M, Nunthapisud P, Tantawichien T, Suankratay C. Brucellosis: the first case of King Chulalongkorn Memorial Hospital and review of the literature. J Med Assoc Thai, 2006; 89: 1313-7.
- Manosuthi W, Thummakul T, Vibhagool A, Vorachit M, Malathum K. Case report: Brucellosis: a re-emerging disease in Thailand. Southeast Asian J Trop Med Public Health, 2004; 35: 109-12.

- 7. Lapphral K, Leelaporn A, Vanprapar N, Chearskul P, Sawawiboon N, Wittawatmongkol O, Chokephaibulkit K. First case report of brucellosis in a child in Thailand. Southeast Asian J Trop Med Public Health, 2014; 45: 890-6.
- 8. Wongphruksasoong V. Investigation of brucellosis case and death in Chondaen district, Phetchabun province, Thailand, December 2009. W Epidemiol Surveil Rep, 2010; 41: 539-44.
- 9. Wiangcharoen R. Brucellosis in western region of Thailand. Reg 6-7 Med J, 2006; 25: 123- 9.
- Laosiritaworn Y, Hinjoy S, Chuxnum T, Vagus A, Choomkasien P. Re-emerging human brucellosis, Thailand 2003. Bull Dept Med Serv, 2007; 32: 415-23.
- Ekpanyaskul C, Santiwattanakul S, Tantisiriwat W, Buppanharun W. Factors associated with seropositive antibodies to Brucella melitensis in the Nakhon Nayok, Thailand. J Med Assoc Thai 2012; 95 Suppl 12:S40-6.
- 12. Kılıç S, Aalantaş Ö, Çelebi B, Pınar D, Babür C. Investigation of Seroprevalences of Q Fever, Brucellosis and Toxoplasmosis in Risk Groups in Hatay. Turk Hij Den Biyol Derg, 2007; 64: 16 - 21.