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Case Report

Trouble in paradise

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Case

An otherwise healthy 35-year-old woman presented to our clinic in Central Texas complaining of malaise, whole body rash, and joint pain of 2 days duration. She had recently returned from her honeymoon in Bora Bora after a ten day stay. She stayed in an air-conditioned resort but did sleep a few nights under a mosquito tent in the tropical forest where she suffered from multiple insect bites. On physical examination, she was afebrile. She had conjunctivitis and an erythematous maculopapular eruption on trunk and extremities as well as a lower extremity petechial eruption (Fig. 1).

Labs revealed a white blood count of 4400 cells/μL and normal platelet count. An arboviral illness was suspected and as French Polynesia is currently experiencing an outbreak of Zika fever [1], we contacted the CDC Arboviral division for specific ELISA Antibody testing. Our patient had positive IgM ELISA testing for both Zika and Dengue (as cross-reactivity of tests commonly occurs with Dengue and/or Chikungunya). Subsequent serum dilution-plaque reduction neutralization test was positive only for Zika virus. Convalescent sera 4 weeks later confirmed the diagnosis of Zika fever. Treatment, like other flavivirus illnesses, is supportive care only.

Zika virus was first described in Uganda in 1947 and subsequently in Senegal, Nigeria, and Micronesia [2,3]. It is a zoonotic illness transmitted via *Aedes* spp. mosquitoes. Symptoms,

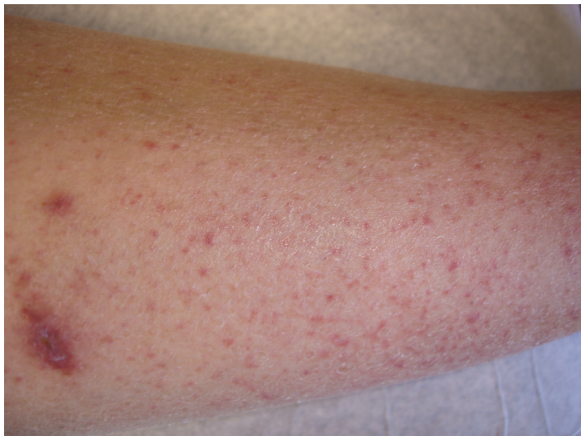

Fig. 1. Petechial eruption, leg.

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as in our patient, are non-specific and include fever, malaise, arthralgias, synovitis, conjunctivitis and rash. It is a mild and self-limiting illness, typically lasting no more than 5 days. Zika fever must be kept in mind for any traveler that returns from an endemic region with a non-specific febrile illness and rash.

References

[1] Zika fever in French Polynesia (Tahiti). http://wwwnc.cdc.gov/travel/notices/watch/zika-fever-french-polynesia-tahiti.
[2] Hayes EB. Zika virus outside Africa. Emerg Infect Dis 2009;9:1347–50.
[3] Duffy MR, Chen TH, Hancock WT, et al. Zika virus outbreak on Yap Island, Federated States of Micronesia. N Eng J Med 2009;260:2536–43.