

IMAGE

Scrub Typhus Eschar

An 8-year-old male presented with fever, pain abdomen and vomiting for 6 days. He had tachycardia, tachypnea, left cervical lymphadenopathy, hepato-splenomegaly and an eschar hidden behind left ear (*Fig. 1*). Laboratory work-up was non-contributory except thrombocytopenia and elevated hepatic transaminases. Child was started on oral doxycycline. IgM-ELISA for scrub typhus was subsequently reported positive. He became afebrile within 36 hours, and was discharged after 7 days following normalization of clinico-laboratory parameters.

Eschar is a pathognomonic sign of scrub typhus and if sought carefully, seen in up to two-third (7% - 68%) of pediatric cases. It begins as a small-papule at the site of mite-bite, enlarges, undergoes central-necrosis and acquires a black crust with surrounding erythema, resembling a cigarette burn. Under appropriate epidemiological setting, painless eschar in a child with fever and multi-system involvement suggests scrub typhus. Other conditions associated with eschar formation are spider-bite (painful), tularaemia (usually on fingers), post-trauma, anthrax (pre-existing skin breach), some other rickettsiosis, and disseminated mycosis.



FIG.1 Eschar behind left ear.

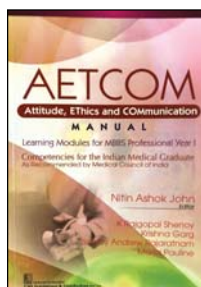
NOWNEET KUMAR BHAT^{1*}, NEERUL PANDITA¹ AND MINAKSHI DHAR²

Department of ¹Pediatrics, Himalayan Institute of Medical Sciences and SRH University, Dehradun; and

²Department of Medicine, All India Institute of Medical Sciences, Rishikesh; Uttarakhand, India.

**drnmbhat@gmail.com*

BOOK REVIEW



Attitude, Ethics and Communication Manual

NITIN ASHOK JOHN
CBS Publishers & Distributors Pvt Ltd.
Pages: 178; Price: Not mentioned.

This manual on Attitudes, Ethics and Communication (AETCOM) modules for MBBS first professional students is as per the guidelines provided by Medical Council of India. The best thing about the manual is the last section where Anatomy act, Cadaveric poem, history of anatomy dissection *etc* are provided as a way to understand the background of medical teaching. The manual has many blank pages to write students' notes, which is making this

manual thick, otherwise whole exercise content is a replication of the original AETCOM manual provided by MCI. This book is small in size so may be easier to carry by students during AETCOM sessions. The idea of providing few questions or examples of role play at the end of every exercise is also laudable. What I liked most is the chapter on 'Cadaver as our first teacher.' The foundation of communication-1 has 5A's Behavior model, and author has lucidly explained the reasons to make this chapter worth reading and practicing. Overall I liked the reading part and easy to use manual. If students also write their reflections in this manual, it will become their memoirs of first year MBBS.

DEVENDER VERMA

*Head, Department of Medical Education
Maulana Azad Medical College, Delhi 110002
devender123@gmail.com*