Sir,

Cat-scratch disease (CSD) is a benign, usually self-limited infection, characterized by a primary papulopustular skin lesion at the site of the scratch and is usually accompanied by an enlarged, localized lymph node. Traditionally, the clinical diagnosis of CSD was made when three of the following four criteria were met: (i) cat contact confirmed by the presence of cat scratch or primary skin lesion, (ii) other causes of lymphadenopathy ruled out, (iii) a positive CSD skin test found, and (iv) characteristic histopathologic features in a lymph node biopsy specimen present. However, the CSD skin test is still not standardized; it is not readily available everywhere; it is unreliable; and such skin testing is seldom used today. Moreover, a histopathological analysis of the lymph node requires invasive procedures. Bartonella henselae (Bh) is a newly recognized causative agent found in the majority of CSD cases. A culture of Bh from CSD patients has proved to be very difficult and therefore cannot be used in a routine diagnosis of CSD. Recently, several studies describing the detection of Bh DNA in lymph node biopsy specimens by polymerase chain reaction (PCR) have been reported (1, 2). Such a PCR test for Bh DNA would thus be useful in the diagnosis of CSD; however, a lymph node biopsy is still required. Many investigators have suggested the possibility that a positive serology finding by an enzyme immunoassay (ELA) test could replace both a surgical biopsy of the lymph node and skin testing for establishing the diagnosis of CSD (3, 4). Here we present a patient with CSD who was diagnosed based on the use of serologic tests specific for Bh.

A healthy 39-year-old man presented with a 2-week-old painful mass in his right axilla. Soon after the mass appeared, he developed headaches, general malaise and a low-grade fever lasting 1 week. The physical examination disclosed a tender fluctuant lymph node measuring 3 cm in the right axilla and an erythematous papulopustular, centrally crusted, skin lesion on the base of the right 5th finger (Fig. 1). The skin lesion had been present for about 3 months, and initially appeared as a pustule. The patient had frequently played with his pet kitten, and his right 5th finger had been scratched by the kitten. The skin lesion thereafter appeared at the site of the scratch on his finger. A 4-mm punch biopsy specimen of the erythematous papulopustular skin lesion showed an ulceration of the epidermis, crust formation, and focal dermal necrosis with polymorphonuclear cells and macrophages, which were consistent with 5. Bergmans AMC, Peeters MF, Schellekens JFP, Vos MC, Sabbe LJM, Ossewaarde JM, et al. Pitfalls and fallacies of cat scratch disease mimicking pancreatic malignancy. Clin Infect Dis 1997; 24: 77 – 78.

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Tetsuya Koga, Yumiko Kubota and Shoji Toshitani
Department of Dermatology, School of Medicine, Fukuoka University, 7-45-1 Nanakuma, Jonan-ku, J-814-0180 Fukuoka, Japan.

Fig. 1. A primary skin lesion at the site of cat scratch on the base of the right 5th finger.