

## A Febrile Illness with Generalized Papular Rash Involving the Palms and Soles

(See pages 755–6 for the Answer to the Photo Quiz)



**Figure 1.** Photographs of papular rash visible on the patient's feet and legs at transfer to our medical center

A 52-year-old married female resident of rural South Australia was transferred to our medical center with a 12-day history of sudden onset of fever, chills, rigors, headache, and myalgia, followed 72 h later by eruption of a nonpruritic, generalized papular rash that spread from the trunk to involve the entire body, including the palms and soles (figure 1). The patient had been treated empirically (before rash onset) with trimethoprim for a presumed urinary tract infection, without response. The patient worked in the local school's kitchen and kept domestic dogs, cats, and a parrot. However, she had often noticed the presence of "blue-tongue lizards" in her garden.

There had been no overseas travel or travel to tropical regions, nor had there been any known recent insect, tick, or other bite. She had weeded her overgrown garden 1 week before the onset of illness. The findings of a physical examination were remarkable only for a generalized papular eruption involving the palms and soles. There was no lymphadenopathy, hepatosplenomegaly, arthritis, conjunctival injection, jaundice, or eschar. Tests of blood samples obtained at admission to our medical center demonstrated anemia (hemoglobin level, 101 g/L), a total WBC count of  $7.7 \times 10^9$  cells/L with "toxic" neutrophil changes detected, a platelet count of  $111 \times 10^9$  platelets/L, and a C-reactive protein level of 198 mg/L.

What is your diagnosis?

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