Hepatosplenic cat-scratch fever with seropositivity for *Bartonella quintana*?

In the Clinical Picture by Federico Laham and Sheldon Kaplan, we found an unexplained inconsistency between the clinical description of the case, which clearly could be related to a cat-scratch disease (history of cat scratch to the face), and the serological results, which are more indicative of a causative role for *Bartonella quintana*, instead of *Bartonella henselae* (antibody titres 1/32 768 and 1/2048, respectively). *B henselae* is transmitted by cat scratch and causes a regional lymphadenitis, whereas *B quintana*, transmitted by body louse bites, was responsible for the “classic” trench fever (especially during World Wars I and II). At present, *B quintana* is related to chronic lymphadenopathy, bacteremia, endocarditis, bacillary angiomatosis, and peliosis in patients with advanced HIV infection, and bacteremia, with and without endocarditis, in homeless people without HIV infection, most notably in Seattle, WA, USA, and Marseille, France.

In a case clinically similar to that described by Laham and Kaplan—ie, an immunocompetent man with a 3-day history of progressive right retromandibular swelling—but without fever and weight loss or other symptoms and signs, and without history of cat contact or cat scratch, we isolated a *B quintana* strain from the enlarged parotid gland of the patient (Mansueto P et al, unpublished data). Serology was negative for *B henselae* and positive for *B quintana* (IgG 1/256 [normal less than 1/64] and IgM 1/40 [normal less than 1/20], respectively).

In the case report from Seattle, *B quintana* was isolated from the blood specimens of ten homeless patients with fever and persistent bacteremia: three patients reported a recent cat scratch, five had scabies, and one had body lice. Perhaps *Bartonella* spp have many things still to tell.

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We declare that we have no conflicts of interest.


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