

COXIELOSIS HEALTH PROBLEM IN HUMAN AND VETERINARY PATHOLOGY IN MONTENEGRO

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ABSTRACT

Coxiellosis (Q fever) is recording in all geographical areas and climatic zones, where the natural conditions and sources of the causative agent C.b. exists. The Mediterranean area is rich in natural resources for the existence of C.b., which is classified as a dangerous pathogen. C.b. is the cause of acute and chronic infections. In humans, 60% of infections with C.b. has subclinical flow. Clinically manifest cases are variable symptoms. From self-limiting flu-like syndromes' pneumonia, this is one of the most frequent manifestations of the acute phase of disease. Hepatitis with or without jaundice. Endocarditis is one of the extremely dangerous manifestations of coxiellosis that endanger patients' lives, usually in the chronic phase of infection as well as the spectrum of CNS manifestations. Other organs are less commonly affected. Immune deficient patients present candidates for the development of extremely severe, chronic forms of the disease.

In Montenegro, the first case of Q fever in human pathology has been etiologically confirming in 1994/1995. In 2003, another 10 cases with coxiellosis have been detected. In the same period, animal prevalence surveys showed a 0.29% representation of the total livestock (sheep) stock in Montenegro, with objective assumptions that the problem was of a much wider scale..

During the period (1996–2017), 2450 sera of patients were tested for co-infective forms of Lyme borreliosis. In the group of epidemiologically conditioned co-infection, the richest agents were most frequently registering, among which C.b. in 126 cases. During 2018/2019, 12 patients with Q fever were treated in clinic for infectious disease in Podgorica. In the same period, veterinarians examined 251 sera of domestic animals and found dominant disease of cattle coxellosis in 210 cases, 54 in sheep and only 5 diseased goats. Acute cases were treated with doxycycline for at least –two to three weeks. Chronic infections are treated with doxycycline +hydroxychloroquine until withdrawal of symptoms. For endocarditis, lifelong treatment is recommended because relapses have been observed during discontinuation of treatment.

KEYWORDS: *Coxiellosis; Multisystemic; Acute; Chronic Disease*

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