Cat Scratch Disease Due to *Bartonella henselae* Serotype Marseille (Swiss Cat) in a Seronegative Patient

*Bartonella henselae* has been reported to cause various clinical syndromes, including meningoencephalitis (9), endocarditis (6), bacillary angiomatosis (4, 5, 8), visceral peliosis (5), and cat scratch disease (CSD) (7). However, because of the fastidious nature of the bacterium, few clinical strains have been isolated, especially from patients with CSD. So, the diagnosis of *B. henselae* infection is often achieved by PCR-based methods or, more often, serology.

We report the isolation and characterization of *B. henselae* serotype Marseille (Swiss cat) from a patient seronegative for CSD. A 23-year-old man, with Wilson’s disease treated with D-penicillamine and pyridoxine, was admitted to Fondation Hôpital Saint-Joseph, Paris, France, after a 2-week history of left axillary adenomagaly. He had been bitten on the left hand by a rat 1 year ago and on the left elbow by an insect 1 month ago; this latter bite was followed by an inflammatory local reaction. He was also regularly scratched on the forearms by his cat, on which many fleas have been detected. Physical examination showed a voluminous inflammatory adenomagaly. The patient had a temperature of 38°C. Puncture revealed the presence of pus with numerous leukocytes but without visible organisms on Gram, Gimenez, and Ziehl stains. Treatment with ciprofloxacin (400 mg/day, intravenously [i.v.]) plus oxacillin (3 g/day, i.v.) was begun. All bacterial, including mycobacterial, parasitic, and fungal cultures were negative. Serology for *Bartonella quintana* and *Rochalimaea henselae* (London) gave negative results. Despite antibiotic treatment, the fever and the purulent adenomagaly persisted. Surgical excision of the adenomagaly was performed. Histological examination showed microabscesses without caseation necrosis, giant cells, or tumor cells. After 3 days, the treatment was changed to amoxicillin (3 g/day, i.v.) plus ciprofloxacin. Cat scratch disease was suspected, but two serological tests against *Bartonella quintana* and *B. henselae* gave negative results. However, when the same two serum specimens were tested against *B. henselae* serotype Marseille, an immunoglobulin G titer of 1:100 was determined. Moreover, the presence of *B. henselae* infection is often achieved by PCR-based methods or, more often, serology.

By PCR amplification of *gltA* gene fragments (3), biopsy material yielded *B. henselae* variant for CSD (1, 2). As with serotypes Houston and London. 

*REFERENCES*