angiomatosis, and peliosis hepatis; that of *B. quintana* includes trench fever, bacteremia, endocarditis, bacillary angiomatosis, and peliosis hepatis.

**Symptoms/Exam**

- **Cat-scratch disease** (*B. henselae*; immune-competent patients): Presents with fever, malaise, a papule or pustule at the site of the cat scratch or bite, and regional adenopathy (usually in the head, neck, or axillae).
- **Bacillary angiomatosis and peliosis hepatis** (*B. henselae* and *B. quintana*; AIDS patients): The skin nodules of bacillary angiomatosis are friable, red-to-purplish lesions that may ulcerate. Peliosis produces fever, weight loss, abdominal pain, and hepatosplenomegaly; imaging shows hypodense, cystic, blood-filled structures in the liver, spleen, or lymph nodes. May be a cause of fever of unknown origin (FUO) in AIDS patients.
- **Trench fever** (*B. quintana*; immune-competent patients): Relapsing febrile paroxysms last up to five days each and are sometimes accompanied by headache, myalgias, hepatosplenomegaly, and leukocytosis. Seen in the homeless and in those from war-torn regions.

**Differential**

- **Cat-scratch disease**: TB, atypical mycobacterial infection, sporotrichosis, tularemia, plague, leishmaniasis, histoplasmosis, infectious mononucleosis.
- **Bacillary angiomatosis**: Kaposi’s sarcoma, pyogenic granuloma.
- **Trench fever**: Endocarditis, TB, typhoid fever.

**Diagnosis**

- Blood cultures (not sensitive), serologic tests.
- Lymph node aspirate in cat-scratch disease may show sterile pus.
- Lymph node biopsy shows stellate necrosis and bacilli on Warthin-Starry silver stain.

**Treatment**

- Erythromycin, azithromycin, doxycycline.
- Cat-scratch disease usually resolves in several months and may not require treatment other than needle aspiration for symptom relief.

**Bioterrorism Agents**

Table 11-2 outlines infectious agents that could potentially be used in bioterrorism.

**Catheter-Related Infections**

Include catheter-related bloodstream infections (CRBSIs) as well as exit-site, tunnel, and pocket infections. The most commonly isolated etiologic agents are coagulase-negative staphylococci, *S. aureus*, enterococci, and *Candida albicans*.

**Symptoms/Exam**

Clinical findings are unreliable. Fever and chills are sensitive but not specific findings. Inflammation and purulence around the catheter and bloodstream infection are specific but not sensitive.