

less supportive of CSD, lymph node biopsy rather than fine-needle aspiration is preferred. In seronegative CSD patients with lymphadenopathy and severe complications (e.g., encephalitis or neuroretinitis), early biopsy is important to establish a specific diagnosis.

TREATMENT CAT-SCRATCH DISEASE

(Table 197-2) Treatment regimens are based on only minimal data. Suppurative nodes should be drained by large-bore needle aspiration and not by incision and drainage in order to avoid chronic draining tracts. Immunocompromised patients must always be treated with systemic antimicrobials.

PREVENTION

Avoiding cats (especially kittens) and instituting flea control are options for immunocompromised patients and for patients with valvular heart disease.

TRENCH FEVER AND CHRONIC BACTEREMIA

DEFINITION AND ETIOLOGY

Trench fever, also known as *5-day fever* or *quintan fever*, is a febrile illness caused by *B. quintana*. It was first described as an epidemic in the trenches of World War I and recently reemerged as chronic bacteremia seen most often in homeless people (also referred to in the latter setting as *urban* or *contemporary trench fever*).



A



B



C



D

FIGURE 197-1 Manifestations of cat-scratch disease. **A.** Primary inoculation lesion. Axillary and epitrochlear lymphadenitis appeared 2 weeks later. **B.** Primary inoculation lesion. Submental lymphadenitis appeared 10 days later. **C.** Axillary lymphadenopathy of 2 weeks' duration. The overlying skin appears normal. **D.** Cervical lymphadenopathy of 6 weeks' duration. The overlying skin is red. Thick, odorless pus (12 mL) was aspirated. **E.** Preauricular lymphadenopathy. **F.** Left-eye neuroretinitis. Note papilledema and stellate macular exudates ("macular star").