**CLINICAL SNAPSHOT**

### All Gone Down? Emergency Blister Pack Removal

A 74-year-old hospitalized man with no cognitive impairment complained of dysphagia after his lunch. He had been treated with cardiac transplantation years ago and had been receiving hemodialysis for a number of years and was taking 26 tablets each day. On the day concerned, the patient received his medications in a tablet container. With retrosternal pain, a globus sensation, and active saliva flow, he underwent emergency upper endoscopy. A blister pack fragment was found close to the lower esophageal sphincter (Figure) and removed. Following this episode, the patient reported he had swallowed all his tablets in one go, as he “usually did at home,” without noticing that one was still in its blister packaging. Emergencies of this kind have been reported repeatedly, indicating how important it is to prepare medications carefully even for patients who are in full possession of their faculties. Not all of them devote any thought to how things might be done in the hospital and stick to their usual habits.


**Dr. med. Ingo Wallstabe, Prof. Dr. med. Ingo Schiefke**, Klinik für Gastroenterologie und Hepatologie, Klinikum Sankt Georg, Leipzig

**Conflict of interest statement**: The authors declare that no conflict of interest exists.

Translated from the original German by David Roseveare.


### Eschar: An Important Visual Diagnosis in a Returning Traveler

A 45-year-old man complained of fever, headache, and muscle pains a week after returning from a safari in South Africa. Clinical examination revealed a fine rash on the torso and a characteristic skin lesion on the big toe. This necrotic lesion surrounded by reddening develops into a prominent scab over the course of time and is known as eschar or „tache noire” (French for “black spot”). The lesion is typically found at the site of a bite from a rickettsia-transmitting arthropod. In this case the patient was suffering from African tick-bite fever caused by *Rickettsia africae*. Rickettsiosis is a type of anthropozoonosis that occurs worldwide. *R. conorii*, the agent of Mediterranean spotted fever, is widespread in southern Europe. Various rickettsiae, e.g., *R. felis*, are endemic in Germany. The clinical triad of fever, rash, and eschar is a clear pointer to the diagnosis, although the eschar may be absent. Laboratory tests, showing a normal blood count or sometimes leukopenia or thrombocytopenia, yield no clear signs of a bacterial infection. Typically, specific antibodies were first demonstrated 3 weeks later. Because rickettsiosis can develop into a severe illness, doxycycline is indicated immediately after the initial visual diagnosis.

**Dr. med. Andreas K. Lindner, Dr. med. Maximilian Gertler, Prof. Dott. Univ. Pisa Joachim Richter**, Institut für Tropenmedizin und Internationale Gesundheit, Charité – Universitätsmedizin Berlin, andreas.lindner@charite.de

**Conflict of interest statement**: The authors declare that no conflict of interest exists.

Translated from the original German by David Roseveare.