Correspondence

Cat Got Your Tongue?

To the Editor—A 69-year-old woman with a history of seizures, which were well controlled with sodium valproate, and depression presented with acute onset of a painful swollen tongue that resulted in dysphagia, dysphonia, and drooling of saliva. She had not begun treatment with any new medications and was not using an angiotensin-converting enzyme inhibitor. There was no history of recent dental problems, and her only other medication was dothiepin.

On examination, her temperature was 37.6°C. There was gross swelling of the floor of the mouth and tongue, with no erythema. There was no exudate from the submandibular gland duct. The epiglottis and larynx were normal when visualized by direct laryngoscopy. Her neck was tender to palpation in the submental and submandibular regions, but there was no lymphadenopathy. There was no rash or stridor, and chest auscultation revealed normal vesicular breath sounds without any wheeze. The patient was treated with nebulized adrenaline, intravenous dexa- methasone, and meropenem.

The C-reactive protein level was elevated to 142 mg/L (normal, <6 mg/L), and there was a neutrophilia with a marked left shift. CT of the neck revealed some patchy hypodensity in the inferior half of the tongue, which was consistent with edema/inflammatory change. Artifact from amalgam fillings obscured the superior half of the tongue. The salivary glands had a normal appearance, and there was no retropharyngeal or prevertebral collection. The nasopharynx, oropharynx, and laryngopharynx were patent, with no airway compromise.

Two sets of blood culture samples taken at admission to the hospital grew Pasteurella multocida. Subsequent history revealed that the patient had a cat in her home, but she could not recall a recent bite or scratch. Antibiotic treatment was changed to intravenous ampicillin and then oral amoxicillin, and the patient made a good recovery.

P. multocida is a small, gram-negative cocccobacillus that colonizes the nasopharynx and gastrointestinal tracts of many animals [1]. Most human P. multocida infections are caused by dog and cat bites. These bites may result in various clinical syndromes, including cellulitis, subcutaneous abscesses, osteomyelitis, septic arthritis, pneumonia, meningitis, endocarditis, intra-abdominal infection, and septicemia [1]. With regard to upper respiratory tract infection, P. multocida has been associated with sinusitis, otitis media, mastoiditis, tonsillitis, peritonsillar abscess, and epiglottitis [1–3]. This is, to our knowledge, the first reported case of P. multocida bacteremia manifesting with glossitis.

The earliest written example of the phrase “cat got your tongue” in the Oxford English Dictionary is from 1911; the expression is used when addressing someone who is refusing to speak [4]. Several other theories about the origins of this phrase exist: (1) in the Middle East, liars, as punishment, had their tongues removed and fed to the king’s cats; (2) during the Middle Ages, it was thought that, if you saw a witch, her cat would steal or control your tongue such that you could not report the sighting; and (3) the fear of being whipped by the cat o’ nine tails would paralyze the victim into silence [5].

Acknowledgments

Potential conflicts of interest. All authors: no conflicts.

References


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Clinical Infectious Diseases 2008; 46:146
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Drug Interactions between Warfarin and Efavirenz or Lopinavir-Ritonavir in Clinical Treatment

To the Editor—Warfarin undergoes liver metabolism by CYP2C9 [1], which is an isozyme of cytochrome P450 whose activity could be affected by antiretrovirals. The effect of coadministration in HIV-positive patients has been reported only for nevirapine, which has been shown to decrease warfarin concentration, probably via CYP2C9 induction [2]; no clinical data are yet available for other antiretrovirals. We describe 2 cases concerning coadministration of warfarin with efavirenz or lopinavir-ritonavir.

Case 1 occurred in a 34-year-old black woman...