

## **Abstract**

Human brucellosis is a zoonotic disease that is widespread in numerous countries, although only a limited number of cases have been reported in Sri Lanka.

Brucellosis, whether in an endemic area or not, continues to present a diagnostic challenge due to sporadically deceptive and uncommon clinical presentations, as well as symptoms lacking specificity.

Hematological irregularities, which can range from severe disseminated intravascular coagulopathy, thrombocytopenia, leukocytosis, anaemia have been documented in cases of Brucella infection. While mild hematological conditions are common in cases of brucellosis, severe thrombocytopenia is a rare occurrence.

Here, we describe a case involving a middle-aged male who presented with an acute febrile illness characterized by severe thrombocytopenia and leukocytosis, along with complications of acute liver injury and acute kidney injury.

Initially, the patient was treated under the assumption of having leptospirosis with Weil's disease. However, he did not respond to conventional antibiotics and subsequently developed epididymo-orchitis, sacroiliitis, and pyelonephritis. Later, it was discovered that he had a positive brucellosis antibody titer, while the leptospirosis MAT test came back negative. Subsequently, the patient's treatment was switched to a regimen of doxycycline and rifampicin, leading to complete recovery within a three-month duration.

Our study indicated that complex symptoms can result in delays in diagnosing and treating brucellosis. Therefore, clinicians should maintain a high level of suspicion for brucellosis when evaluating persistent and unresolving febrile illness.

## **Key words-**

Brucellosis, Leptospirosis, severe thrombocytopenia, sacroiliitis