



Case Presentation ESIM Winter School , Saas Fee 12-18 January 2014 Paparoupa I. Maria MD, MPH

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Female, 47-year-old, German

- Persistent fever for the last 2 weeks.
- Fever up to 39 - 39, 5°C with rigor every day and sometimes more than twice a day.
- Doxycycline 100mg *2/day for 7 days from her general physician by light sore throat.
- At the day of submission feeling of general weakness and pain at her finger joints.
- No other symptoms.

Medical and Social History

- Chronic diseases: Thyreoiditis Hashimoto under hormonal substitution.
- Any operations in her medical history.
- No other regulatory medication.
- Married with 2 children 12-and 14-year-old.
- Her husband is the only sexual partner the last 15 years.
- Works as a Secretary in a bank.
- Lives in an apartment in the city of Kassel.
- Likes jogging, skiing and swimming.
- Has a country house in the forest.
- Family dog for the last two years.
- House produced meat, vegetables and milk products in an open market.
- Last travel was 6 months ago to Thailand and Rhodos, Greece.

Clinical Examination at the point of submission:

- Good general condition and normal weight, awake, full oriented at place, time and person.
- Vital parameters: Pulse 100/min, blood pressure 90/50 mmHg, breathing frequency 19/min, body temperature 36, 6°C.
- Lung and cardiovascular system: normal clinical findings
- Abdomen: normal clinical findings.
- Musculoskeletal system: normal clinical findings, no signs of arthritis.
- Neural system: normal clinical findings.
- No skin changes.
- Little Lymph nodes cervical.

Laboratory and paraclinical parameters at the point of submission:

- CRP 99mg/l (Reference <5mg/l)
- Total Leukocytes 10.000/ μ l (Reference 4-10.000/ μ l)
- Hb 9,2gr/dl (Reference 12-16gr/dl)
- Thrombocytes 480.000/ μ l (Reference 150-400.000/ μ l)
- Ultrasound Abdomen: Splenomegaly, no other pathological findings
- Chest Xray: no pathological findings.
- Urin and Sputum Culture

Clinical Observation Day 1

- Decision to wait for the next fever episode. No antibiotics were prescribed.
- At the evening of the same day fever up to 39,5°C.
- 3 pairs of Blood Cultures were gained at the point.
- Then started empirical with antibiotics: Ambicillin/Sulbactam 3gr*3/day i.v.

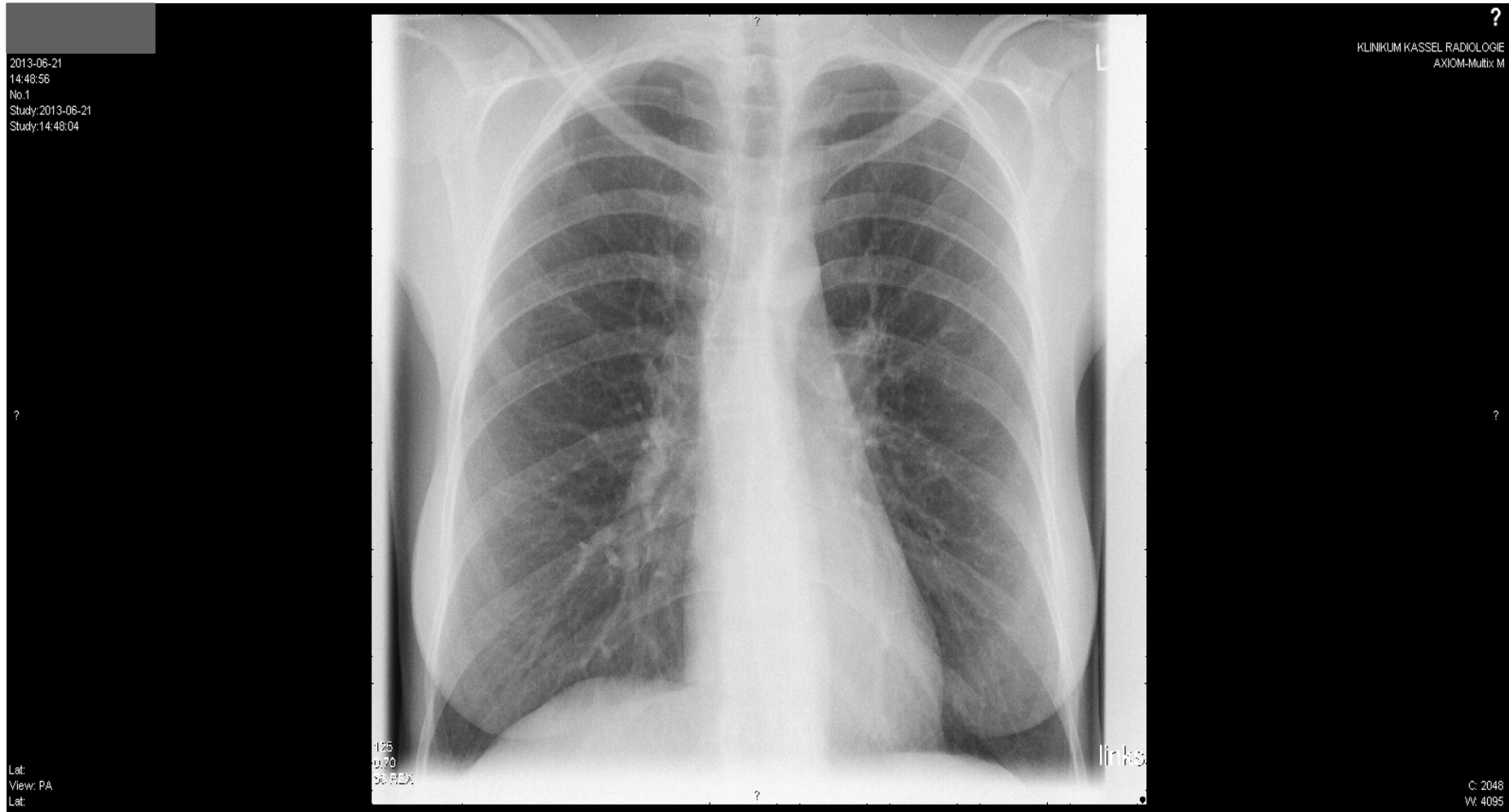
Fever Episodes during the first days of hospitalisation

Datum/OP-Tag	21.6.13	22.	23.	24.	25.	26.												
Größe/Gewicht/BMI						27.6 - 161/67												
Kostform																		
Ernährungssonde/PEG																		
i. v. Zugang																		
Einfuhr	E:	E:	E:	E:	E:	E:												
VW																		
Drainagen/Sonden																		
Erbrechen/Stuhlgang																		
Urinableitung					10° Laxdosal													
Ausfuhr	A:	A:	A:	A:	A:	A:												
Bilanz	B:	B:	B:	B:	B:	B:												
Schmerzskala R/B	AF 13					16												
O ₂ -Gabe / Sättigung	97%	100%	97%	96%	99% RI	96% RI												
EKG-Monitor																		
Puls	x RR	x P	x T	x RR	x P	x T	x RR	x P	x T	x RR	x P	x T	x RR	x P	x T			
Temp.	bei Temp ↑ 38.5°C																	
160	19°																	
140	17°																	
120	17°																	
100	14°																	
80	14°																	
60	15°																	
40	20°																	
20	20°																	
RR	112/71			86/60			96/66			95/64			94/67			104/72		

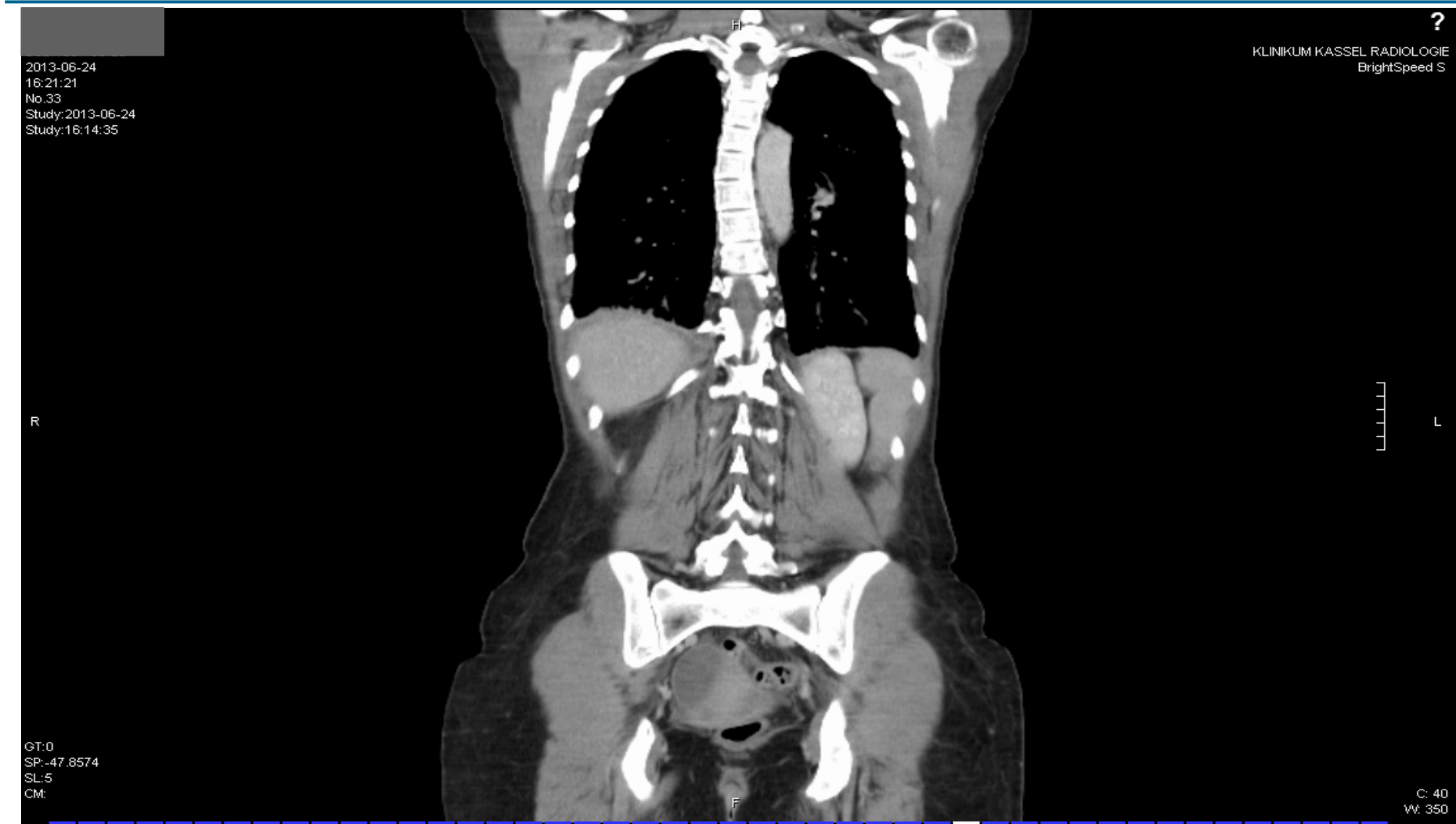
Clinical Observation Day 3

- no clinical improvement, no improvement of laboratory parameters.
- Laboratory: CRP 144mg/dl, Hb 7,9gr/dl, ↑Transaminase.
- Chest Xray: Lung infiltrate and light pleural effusion bilateral.
- Urin, Sputum and Blood-Cultures: negative

- CT-Chest: non-typical lung infiltrate and pleural effusion bilateral
- CT-Abdomen: Splenomegaly, Ascites perihepatic and in the Douglas Cavity
- Echocardiography and TEE: no sign of endocarditis
- Escalation of antibiotics to Piperacillin/Tazobactam 4,5gr*3/day i.v. and Clarithromycin 500mg*2/day p.o.







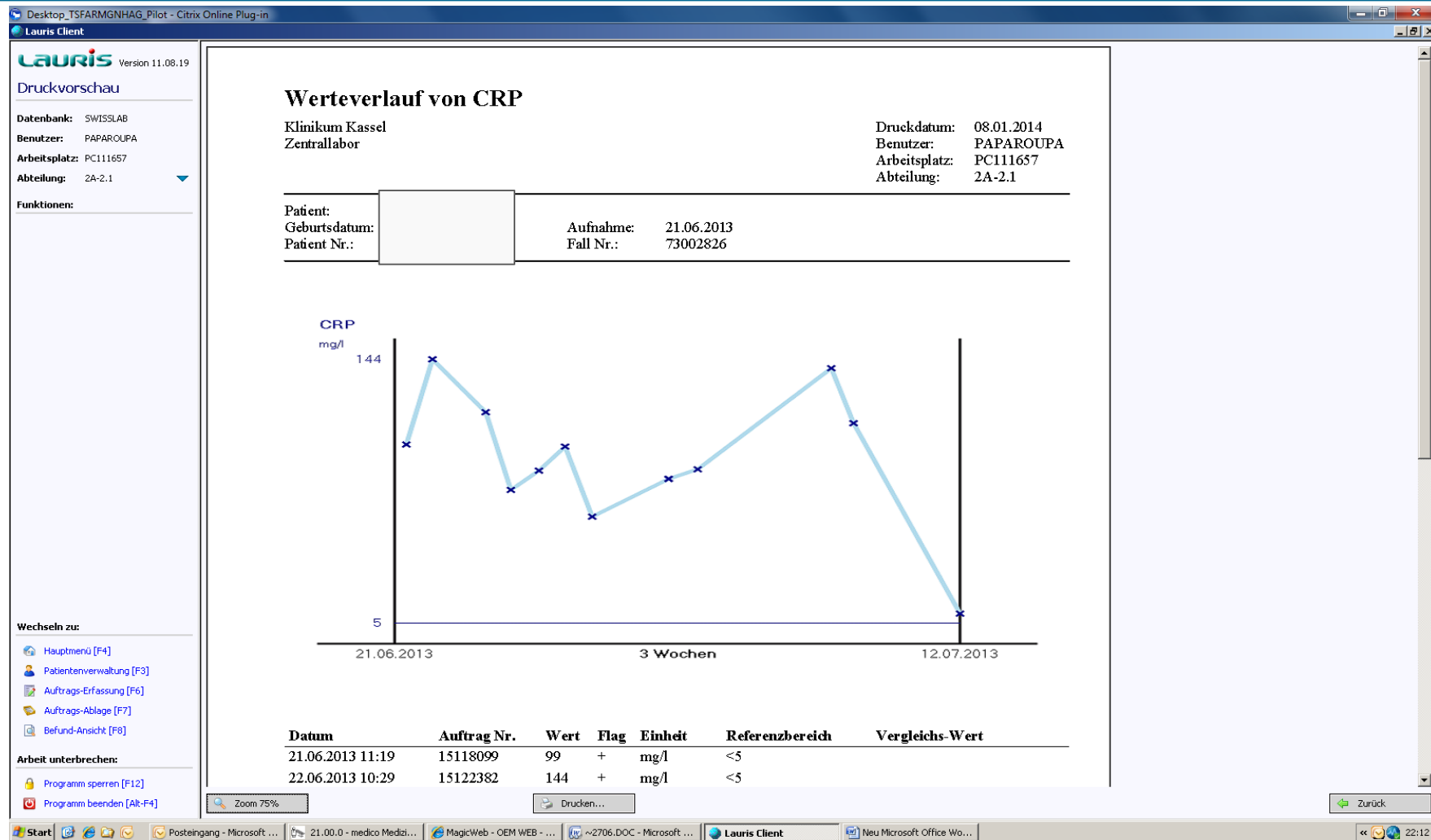
Clinical Observation Day 6

- no clinical improvement, no improvement of laboratory parameters.
- Bone marrow puncture: no pathological findings
- Pleural Effusions and Ascites: any puncture possible
- Rheuma Factor: negative
- Autoimmune Serology: ANA Titer 1:320 (Reference: 1:100)
- Malaria microscopy and Antigen: negative
- HIV 1, 2 Serology: negative
- Hepatitis Virus A, B, C, E, D Serology: negative
- EBV, CMV, HSV 1, 2 Serology: negative
- Borellia, Brucella, Salmonella Serology: negative
- Quantiferon Test: negative

New Treatment Strategy

- Break up the Treatment with Antibiotics
- Start with Corticosteroids in a daily dosis of 50mg Prednisolon p.o.

CRP Curve before and after Corticosteroids



Rheumatology Consultant

1. Relapsing Fever
2. Arthralgia without signs of arthritis
3. Elevated inflammatory markers
4. Leukocytosis, Thrombocytosis, Anemia
5. Splenomegaly
6. Elevated liver enzymes
7. Serositis
8. No clinical response under antibiotics
9. Clinical response under corticosteroids

Hypothetical Diagnosis: Morbus Still of adolescent

Morbus Still of adolescent

- Systemic juvenile idiopathic arthritis with later on-set
- George Frederik Still 1897
- Still-Syndrom of Adults first described by Bywaters 1971
- 1/3 healing
- 1/3 healing but findings rest on the joints
- 1/3 chronic progressive disease with joint destruction
- Corticosteroids
- MTX
- IL-1-Receptor-Antagonist or IL-6-Receptor-Antagonist

Thank you for your attention!