DOI: 10.5152/TurkThoracJ.2019.335

[Abstract:0219] PP-216 [Accepted: Poster Presentation] [Clinical Problems - Other]

Adult-Onset Still's Disease Presenting with Pneumonia Clinic without Joint Involvement (Due to A Case)

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Adult Still Disease (ASD) is a rarely seen systemic inflammatory disease with unknown etiology. Characteristic findings; fever, rash, arthritis, but fever can be detected as the only finding. Pulmonary involvement may be seen in the onset or exacerbation of the disease, most commonly in the form of pulmonary infiltrates involving the lower or middle lobes and/or minimal pleural effusion. There is no specific diagnostic test. Systemic diseases such as infection, malignancy, connective tissue disease should be excluded. The diagnostic criteria of Yamaguchi et al are most commonly used in the diagnosis. A 60-year-old woman came to our outpatient clinic with sore throat, weakness and fever that started 15 days ago. In her anamnesis, we first learned that ampicillin sulbactam, amoxicillin-clavulinic acid, moxifloxacin and gemifloxacin were used irregularly in the diagnosis of pneumonia before. Her past medical history and family history were unremarkable. In her examination; RR:35/min fever:38.9 °C SaO2:%90 (FiO2: 21%),crackles were heard in auscultation. WBC:31500,Hb:11.2g/dL, eosinophil:0.2%,platelet:265000 neutrophils:%90, CRP:306 and procalcitonin: 9.5µg/L.Non-homogeneous infiltration was found in both sub-areas in chest X-ray. Piperacillin tazobactam and levofloxacin treatment were started. In Brucella agl. Rose Bengal and urine Legionella antigen was negative, 3ARB (-), sputum, blood and urine cultures were negative. The ECO was normal. On the second day of the treatment, the patient had fever with swollen tenderness and tendency to unite, especially in the arms and trunk. AST: 166U/L ALT: 103U/L GGT: 332U/L.In the foreground, antimicrobial therapy was changed to meropenem with drug allergy in mind and methylprednisolone 40mg/day was added to the treatment. In the following days, the patient's parameteres were regressed and she was discharged. One day after discharge, the patient was hospitalized with fever. WBC: 24200,CRP:115, procalcitonin:1.7µg/L.ANA, RF, vasculitis panel and viral panel were negative. Abdominal CT was normal. Bilateral lower lobe consolidations were seen in torax CT. Normochromic anemia and platelet clumps were observed in peripheral smear. Tumor markers were within normal limits. All these findings were reevaluated, Ferritin was evaluated(>1500) with the preliminary diagnosis of ASD,1 mg/kg/day methylprednisolone was added. Our patient was found to be present with fever and pulmonary involvement without joint involvement. Infection, connective tissue disease, and malignancy were excluded, and 3 major (>39 °C, skin rash, WBC> 10.000) and 3 minor (sore throat, liver enzyme elevation, RF and ANA (-)) criterias for the diagnosis of ESR by Yamaguchi et al. the criterion were positive and the diagnosis was confirmed. ASD should also be considered in cases of high fever and pneumonic infiltrates that persist despite treatment.

Keywords: Adult, fever, pneumonia, still