SBR 2019
36º CONGRESSO BRASILEIRO DE REUMATOLOGIA
CENTRO DE EVENTOS DO CEARÁ
04 A 07 DE SETEMBRO
PROMOÇÃO
70 anos Sociedade Brasileira de Reumatologia
REALIZAÇÃO
SCR SOCIEDADE CEARENSE DE REUMATOLOGIA

A LENGTHY CASE OF STILL'S DEASEASE IN NA ELDERLY PERSON: A RELAT OF CASE.

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BACKGROUND

Still's disease is a rare and difficult to diagnose autoimmune multisystemic disorder, known by daily fever peaks above 39ºC, rashes, polyarthralgia, myalgia, adenomegaly, hepatosplenomegaly and lymphadenopathy. It's etiology is unknown, but affects younger people from 15 to 35 years and the treatment consists in controling the simptons and evolution.

CASE REPORT

E.F.P, 81 years, natural and precedent of João Pessoa - PB, at age 74, in June 2012 presented a fever of 38.5 ° C for one week that got better with dipyrone use. She was also diagnosed with a pharyngotonsillitis, successfully treated. In August 2012, the condition returned with peaks of around 39 ° C per day, as well as purples stains in the dorsum and lower members (MMII), myalgia, polyarthralgia, and morning stiffness in the knees. After the use of 10 drops of dipyrone she underwent deep sweating, hypothermia (35 ° C) and blood pressure of 80x50 mmHg, but the purples disappeared. The tests founds indicated lymphocytosis (12500 mm^3), serum ferritin of 410 ng / mL and C-reactive protein (CRP) of 80 mg/L, arterial doppler echocardiography of the lower members and echocardiogram reveled no alterations. After several febrile conditions and persistent laboratory abnormalities, in December of 2012 she was diagnosed with Still's Disease and began the use of prednisone 20 mg, with improvement of the condition. In March 2013 the lowing doses process was tried, but as the feverish and associated symptoms returned they stoped. In 2019 she attended the rheumatology ambulatory of Padre Zé hospital, revealing continuous crises over the years, constant laboratory changes and several hospitalizations due to intense purpura. In addition the following results were obtained: leukocytes 13000 mm^3, platelets 98,000/mm^3, PCR 35 mg/L, hemosetimentation (VHS) 50mm/1hr, serum ferritin 450 ng/mL, lactic dehydrogenase 1,153 U/L and test for troponin-1, rheumatoid factor and prothrombin time without changes. The use of reuquinol 400 mg, prednisolone 20 mg and laboratory control of the rates every three months, the tables reduced to about 3 times a month. Patient also presents: osteoporosis; echocardiogram of 2017 evidenced extrasystoles, thickened cardiac valves, pulmonary hypertension (HP) PSAP 72 mmHg; had two cases of Deep Vein Thrombosis (DVT) in 2017 and 2018.

CONCLUSION

Therefore, it is noted that the case is uncommon because it started in an elderly patient, and that responded well to the treatment despite the various comorbidities.