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ADULT STILL'S DISEASE: CASE REPORT

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BACKGROUND

Adult Still's disease is a rare patology characterized by a systemic inflammatory disorder. Daily episodes of fever higher than 39 degrees, arthritis or arthralgia and a non-pruritic maculopapular cutaneous rash mostly on trunk and extremities speaks in favor of the disease. Other findings include myalgias, leukocytosis and a high serum ferritin level (1, 2). The etiology is still unknown but there's a known genetic component involved (3).

The disease afects men and women but it's more prevalente in women betweet 16 and 35 years old (1). The diagnosis is by exclusion. In the laboratory tests, the rheumatoid and antinuclear factors are negatives in most cases and a high serum ferritin level is common (2).

The treatment include anti-inflammatory drugs, corticosteroids like prednisone, and antimetabolites like methotrexate (2, 3).

CASE REPORT

A 48-year-old female patient, previously healthy, sought care due to a non-pruritic maculopapular rash throughout the body and generalized myalgia for the last 5 days. Two days ago, she started with a high fever (39°C) and bilateral arthralgia on hands, wrists, elbows, knees and feet.

Patient also refers headache, episodes of nausea and vomiting and appearance of nodulations in the occipital and axillary regions, and wrist and feet. She reported sore throat and earache 15 days ago being treated with amoxicillin. In the laboratory exams, hemoglobin 11.7g/dL, PCR 47.1mg/L, 14370 leukocytes/mm3, negative VDRL, anti-HCV and HbsAg non-reactives and negative ANF.

A diagnosis of adult Still's disease was made after other hypothesis of diagnosis being discarted. Prednisone 60mg/day was prescribed with subsequent improvement of the clinical condition.

CONCLUSION

Adult Still's disease is a rare condition diagnosed by exclusion which must be closely monitored due to possible complications and damage to vital organs if the diagnosis is late.