Felty syndrome is usually described as associated with or a complication of rheumatoid arthritis. This disorder is generally defined by the presence of three conditions: rheumatoid arthritis (RA), an enlarged spleen (spenomelgaly) and a low white blood cell count (neutropenia). The presence of RA gives rise to painful, stiff and swollen joints. A low white blood cell count, especially when accompanied by an abnormally large spleen, leads to a greater chance for infections. Other symptoms associated with Felty syndrome may include fatigue, fever, weight loss, and/or discoloration of patches of skin (brown pigmentation). The exact cause of Felty syndrome is unknown. It is believed to be an autoimmune disorder that may be genetically transmitted as an autosomal dominant trait. It is estimated that 1 to 3 percent of all patients with rheumatoid arthritis are affected by Felty syndrome. This is a large number, but most of these go undiagnosed. The disorder is about three times more common in women than in men. Felty syndrome is not found as frequently among those of African descent as among Caucasian populations. The disorder generally affects persons 50 to 70 years of age. The differential diagnosis of Felty syndrome may include sarcoidosis, amyloidosis, reactions to certain drugs, and/or myeloproliferative disorders. (For more information on these disorders, choose “Sarcoidosis” or “Amyloidosis” as your search term in the Rare Disease Database.) Felty syndrome is usually diagnosed as a result of a thorough clinical evaluation, a detailed patient history, and the identification of the classic triad of physical findings (i.e. the presence of rheumatoid arthritis, low white blood count, and splenomegaly).