

MEDLEY

Medical AI Ensemble Clinical Decision Report

Case ID: Case_1

Title: Case 1: Cultural and Genetic Diversity Challenge
- FMF

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Primary Diagnostic Consensus

Diagnosis	ICD-10	Agreement	Confidence	Status
Familial Mediterranean Fever <i>Evidence: Fever, Pain, Joint symptoms</i>	E85.0	66.7%	High	PRIMARY

Alternative & Minority Diagnoses

Diagnosis	ICD-10	Support	Type
Systemic Lupus Erythematosus <i>Evidence: Clinical presentation</i>	M32.9	51.9%	Strong Alt (≥30%)
Inflammatory Bowel Disease <i>Evidence: Clinical presentation</i>	K52.9	37.0%	Strong Alt (≥30%)
Septic Arthritis <i>Evidence: Clinical presentation</i>	M00.9	29.6%	Alternative (20-29%)
Acute Appendicitis <i>Evidence: Clinical presentation</i>	K35.80	25.9%	Alternative (20-29%)
Reactive Arthritis <i>Evidence: Clinical presentation</i>	M02.9	14.8%	Minority (<20%)
Gouty Arthritis <i>Evidence: Clinical presentation</i>	M10.9	11.1%	Minority (<20%)
Acute Intermittent Porphyria <i>Evidence: Clinical presentation</i>	E80.21	11.1%	Minority (<20%)
Behçet's Disease <i>Evidence: Clinical presentation</i>	M35.2	7.4%	Minority (<20%)
Crohn's Disease <i>Evidence: Clinical presentation</i>	K50.90	7.4%	Minority (<20%)
Autoinflammatory Disease <i>Evidence: Clinical presentation</i>	M04.9	7.4%	Minority (<20%)
Rheumatic Fever <i>Evidence: Clinical presentation</i>	I00	7.4%	Minority (<20%)
Tuberculosis <i>Evidence: Clinical presentation</i>	A15.9	3.7%	Minority (<20%)

Acute Recurrent Peritonitis <i>Evidence: Clinical presentation</i>	K65.9	3.7%	Minority (<20%)
Infectious/tuberculous Peritonitis <i>Evidence: Clinical presentation</i>	Unknown	3.7%	Minority (<20%)
Ankylosing Spondylitis <i>Evidence: Clinical presentation</i>	M45.9	3.7%	Minority (<20%)
Psoriatic Arthritis <i>Evidence: Clinical presentation</i>	L40.50	3.7%	Minority (<20%)
Ulcerative Colitis <i>Evidence: Clinical presentation</i>	K51.90	3.7%	Minority (<20%)
Irritable Bowel Syndrome <i>Evidence: Clinical presentation</i>	K58.9	3.7%	Minority (<20%)
Infectious Etiology (e.g., Intra-abdominal Abscess, Pelvic Inflammatory Disease) <i>Evidence: Clinical presentation</i>	Unknown	3.7%	Minority (<20%)
Periodic Fever, Aphthous Stomatitis, Pharyngitis, and Adenitis (pfapa) Syndrome <i>Evidence: Clinical presentation</i>	R50.9	3.7%	Minority (<20%)
Periodic Fever, Aphthous Stomatitis, Pharyngitis, and Adenitis Syndrome <i>Evidence: Clinical presentation</i>	R50.9	3.7%	Minority (<20%)
Seronegative Spondyloarthritis <i>Evidence: Clinical presentation</i>	Unknown	3.7%	Minority (<20%)
Adult-Onset Still's Disease <i>Evidence: Clinical presentation</i>	M06.1	3.7%	Minority (<20%)
Abdominal Tuberculosis <i>Evidence: Clinical presentation</i>	A18.31	3.7%	Minority (<20%)
Recurrent Peritonitis due to Amyloidosis <i>Evidence: Clinical presentation</i>	K65.9	3.7%	Minority (<20%)
Recurrent Peritonitis due to Appendiceal Perforation <i>Evidence: Clinical presentation</i>	K65.9	3.7%	Minority (<20%)
Recurrent Peritonitis due to Appendicitis <i>Evidence: Clinical presentation</i>	K65.9	3.7%	Minority (<20%)
Recurrent Peritonitis due to Inflammatory Bowel Disease (ibd) <i>Evidence: Clinical presentation</i>	K65.9	3.7%	Minority (<20%)
Hereditary Angioedema <i>Evidence: Clinical presentation</i>	D84.1	3.7%	Minority (<20%)

Analysis Overview

Models Queried: 27

Successful Responses: 27

Consensus Level: Moderate

Total Estimated Cost: \$0.101

Executive Summary

Case Description

Patient: 28-year-old woman, recent immigrant from Somalia, presents to emergency department with recurrent episodes of severe abdominal pain, fever spikes to 39.5°C, and arthritis affecting knees and ankles. Episodes last 2-3 days and resolve spontaneously. She reports similar episodes in family members "back home." Limited English proficiency, no previous medical records available. Physical exam during episode shows peritoneal signs, elevated CRP and ESR. Pain is unresponsive to standard analgesics.

Key Clinical Findings

- Recurrent fever episodes
- Positive family history of similar episodes
- Elevated inflammatory markers (CRP, ESR)
- Severe abdominal pain with peritoneal signs
- Migratory arthritis affecting large joints

Primary Recommendations

- Moderate consensus (66.7%) suggests Familial Mediterranean Fever
- Start colchicine therapy 0.6mg twice daily
- Provide pain management during acute episodes
- Arrange interpreter services if needed

Diagnostic Landscape Analysis

Detailed Diagnostic Analysis

The ensemble analysis identified **Familial Mediterranean Fever** as the primary diagnosis with 66.7% consensus among 17 models.

Alternative Diagnoses Considered

Diagnosis	Support	Key Evidence	Clinical Significance
Systemic Lupus Erythematosus <i>Evidence: Clinical presentation</i>	51.9%	14 models	Should be considered
Inflammatory Bowel Disease <i>Evidence: Clinical presentation</i>	37.0%	10 models	Worth investigating
Septic Arthritis <i>Evidence: Clinical presentation</i>	29.6%	8 models	Less likely
Acute Appendicitis <i>Evidence: Clinical presentation</i>	25.9%	7 models	Less likely
Reactive Arthritis <i>Evidence: Clinical presentation</i>	14.8%	4 models	Less likely
Gouty Arthritis <i>Evidence: Clinical presentation</i>	11.1%	3 models	Less likely
Acute Intermittent Porphyria <i>Evidence: Clinical presentation</i>	11.1%	3 models	Less likely
Behçet's Disease <i>Evidence: Clinical presentation</i>	7.4%	2 models	Unlikely

Minority Opinions

All alternative diagnoses suggested by any models with their clinical rationale:

- **Reactive Arthritis** (ICD-10: M02.9) - 14.8% agreement (4 models)
Supporting Models: mistral-7b-instruct, grok-4, gpt-oss-120b, command-r
- **Gouty Arthritis** (ICD-10: Unknown) - 11.1% agreement (3 models)
Supporting Models: mistral-7b-instruct, grok-4, gpt-oss-120b
- **Acute Intermittent Porphyria** (ICD-10: Unknown) - 11.1% agreement (3 models)
Supporting Models: mistral-7b-instruct, grok-4, gpt-oss-120b
- **Behçet's Disease** (ICD-10: Unknown) - 7.4% agreement (2 models)
Supporting Models: mistral-7b-instruct, grok-4
- **Crohn's Disease** (ICD-10: K50.9) - 7.4% agreement (2 models)
Supporting Models: mistral-7b-instruct, grok-4
- **Autoinflammatory Disease** (ICD-10: Unknown) - 7.4% agreement (2 models)
Supporting Models: mistral-7b-instruct, grok-4

- **Rheumatic Fever** (ICD-10: Unknown) - 7.4% agreement (2 models)
Supporting Models: mistral-7b-instruct, grok-4
- **Tuberculosis** (ICD-10: Unknown) - 3.7% agreement (1 models)
Supporting Models: mistral-7b-instruct
- **Acute Recurrent Peritonitis** (ICD-10: K65.9) - 3.7% agreement (1 models)
Supporting Models: mistral-7b-instruct
- **Infectious/tuberculous Peritonitis** (ICD-10: Unknown) - 3.7% agreement (1 models)
Supporting Models: mistral-7b-instruct
- **Ankylosing Spondylitis** (ICD-10: Unknown) - 3.7% agreement (1 models)
Supporting Models: mistral-7b-instruct
- **Psoriatic Arthritis** (ICD-10: Unknown) - 3.7% agreement (1 models)
Supporting Models: mistral-7b-instruct
- **Ulcerative Colitis** (ICD-10: K51.9) - 3.7% agreement (1 models)
Supporting Models: mistral-7b-instruct
- **Irritable Bowel Syndrome** (ICD-10: Unknown) - 3.7% agreement (1 models)
Supporting Models: mistral-7b-instruct
- **Infectious Etiology (e.g., Intra-abdominal Abscess, Pelvic Inflammatory Disease)** (ICD-10: Unknown) - 3.7% agreement (1 models)
Supporting Models: mistral-7b-instruct
- **Periodic Fever, Aphthous Stomatitis, Pharyngitis, and Adenitis (pfapa) Syndrome** (ICD-10: R50.9) - 3.7% agreement (1 models)
Supporting Models: mistral-7b-instruct
- **Periodic Fever, Aphthous Stomatitis, Pharyngitis, and Adenitis Syndrome** (ICD-10: R50.9) - 3.7% agreement (1 models)
Supporting Models: mistral-7b-instruct
- **Seronegative Spondyloarthritis** (ICD-10: Unknown) - 3.7% agreement (1 models)
Supporting Models: mistral-7b-instruct
- **Adult-Onset Still's Disease** (ICD-10: Unknown) - 3.7% agreement (1 models)
Supporting Models: mistral-7b-instruct
- **Abdominal Tuberculosis** (ICD-10: Unknown) - 3.7% agreement (1 models)
Supporting Models: mistral-7b-instruct
- **Recurrent Peritonitis due to Amyloidosis** (ICD-10: K65.9) - 3.7% agreement (1 models)
Supporting Models: mistral-7b-instruct
- **Recurrent Peritonitis due to Appendiceal Perforation** (ICD-10: K65.9) - 3.7% agreement (1 models)
Supporting Models: mistral-7b-instruct
- **Recurrent Peritonitis due to Appendicitis** (ICD-10: K65.9) - 3.7% agreement (1 models)
Supporting Models: mistral-7b-instruct
- **Recurrent Peritonitis due to Inflammatory Bowel Disease (ibd)** (ICD-10: K65.9) - 3.7% agreement (1 models)

Supporting Models: mistral-7b-instruct

- **Hereditary Angioedema** (ICD-10: Unknown) - 3.7% agreement (1 models)

Supporting Models: mistral-7b-instruct

Management Strategies & Clinical Pathways

Immediate Actions Required

Priority	Action	Rationale	Consensus
1	Start colchicine therapy 0.6mg twice daily	First-line treatment for FMF attack prevention	High
2	Provide pain management during acute episodes	Symptomatic relief during attacks	High
3	Arrange interpreter services if needed	Ensure clear communication for treatment adherence	Moderate

Recommended Diagnostic Tests

Test	Purpose	Priority	Timing
MEFV gene mutation analysis	Confirm FMF diagnosis genetically	High	As indicated
24-hour urine protein	Screen for renal amyloidosis	High	As indicated
Complete blood count, CRP, ESR	Monitor inflammation during episodes	Routine	As indicated

Treatment Recommendations

Treatment recommendations pending diagnostic confirmation.

Model Diversity & Bias Analysis

Model Response Overview & Cost Analysis

Model	Origin	Tier	Cost	Diagnosis	Training Profile
mistral-7b-inst	France	Budget	Free	Reactive Arthritis	General
grok-4	USA	Premium	\$0.039	Familial Mediterranean Fever	Alternative
gpt-oss-120b	USA	Mid-Range	Free	Familial Mediterranean fever	Standard
command-r	Canada	Mid-Range	<\$0.01	Acute Recurrent Peritonitis	Standard
deepseek-chat	China	Budget	Free	Familial Mediterranean Fever	Regional
gemini-2.5-pro	USA	Premium	Free	Familial Mediterranean Fever	General
free	China	Unknown	<\$0.01	Familial Mediterranean Fever	General
deepseek-r1	China	Budget	<\$0.01	Familial Mediterranean Fever	Regional
free	France	Unknown	<\$0.01	Reactive Arthritis	General
sonar-deep-rese	USA	Premium	Free	Familial Mediterranean Fever	Standard
jamba-large-1.7	Israel	Premium	Free	Familial Mediterranean Fever	Standard
free	USA	Unknown	<\$0.01	Crohn's Disease	General
gemini-2.5-flas	USA	Budget	Free	Familial Mediterranean Fever	General
mistral-large-2	France	Premium	Free	Familial Mediterranean Fever	Standard
command-r-plus	Canada	Premium	\$0.027	Familial Mediterranean Fever	Standard
wizardlm-2-8x22	USA	Mid-Range	<\$0.01	Familial Mediterranean Fever	Standard
grok-2-1212	USA	Premium	\$0.017	Familial Mediterranean Fever	Standard
gemma-2-9b-it	USA	Budget	Free	Familial Mediterranean Fever	Standard
gpt-4o	USA	Premium	Free	Familial Mediterranean Fever	Comprehensive
gemini-2.5-flas	USA	Budget	<\$0.01	Familial Mediterranean Fever	General
llama-3.2-3b-in	USA	Budget	Free	Torsion of the intestine, possibly related to Crohn's disease	General
gpt-4o-mini	USA	Budget	Free	Familial Mediterranean Fever	General
qwen-2.5-coder-	China	Mid-Range	<\$0.01	Recurrent Peritonitis due to Amyloidosis	Regional
free	USA	Unknown	<\$0.01	Reactive Arthritis	General
deepseek-chat-v	China	Budget	<\$0.01	Familial Mediterranean Fever	Regional
claude-3-opus-2	USA	Premium	Free	Familial Mediterranean Fever	Comprehensive
lfm-40b	USA	Mid-Range	Free	Familial Mediterranean Fever	Standard

Total Estimated Cost: \$0.101

AI Model Bias Analysis

AI model bias analysis is generated during orchestration (Step 2). This comprehensive analysis examines cultural, geographic, and training data biases across the AI models used.

Primary Diagnosis Bias Factors:

- Cultural: Models from 6 countries with Western dominance may miss cultural factors. Chinese models (14.8%) provide alternative perspective.
- Geographic: Western model dominance (92.6%) creates strong bias toward Western medical paradigms. High Western medical paradigm influence expected
- Training Data: English-dominant training data creates systematic bias against non-Western medical practices and symptom presentations.

Alternative Diagnoses Bias:

- Missed: Traditional Medicine Conditions - Western model dominance may miss traditional medicine diagno...
- Missed: Socioeconomic-Related Conditions - Homeless status bias may cause dismissive attitudes and miss...

Bias Mitigation Recommendations:

- Socioeconomic Bias: Consider cultural context in diagnosis interpretation
- Geographic/Cultural Bias: Incorporate diverse cultural perspectives in diagnosis

Critical Decision Points & Evidence Synthesis

Critical Decision Points

Key areas where models showed significant divergence in diagnostic or management approach:

Evidence Synthesis & Clinical Correlation

Symptom-Diagnosis Correlation Matrix

Symptom/Finding	Familial Med	Systemic Lup	Inflammatory	Septic Arthr
Primary Clinica	+++	+++	+++	+++
Fever	+++	+++	+++	+++
Pain	+++	+++	+++	+++
Joint Pain	++	++	++	+++

Legend: +++ Strong association, ++ Moderate, + Weak, - Not typical

Diagnostic Decision Tree

Step	Action	If Positive	If Negative
1	MEFV Genetic Test	→ Confirm FMF, Start Colchicine	→ Proceed to Step 2
2	Extended Genetic Panel	→ Alternative periodic fever	→ Proceed to Step 3
3	Autoimmune Workup	→ Consider SLE/Still's	→ Consider IBD
4	Inflammatory Markers	→ Monitor progression	→ Reassess diagnosis

Detailed Model Responses

Complete diagnostic assessments from each model:

1. mistral-7b-inst (France, Released: 2023-09-27)

2. grok-4 (USA, Released: 2024-12-26)

Primary Diagnosis: Familial Mediterranean Fever (ICD-10: M04.1) - Confidence: 0.9

Reasoning: Recurrent self-resolving episodes of fever, abdominal pain with peritoneal signs, arthritis, elevated inflammatory markers, and family history in a patient from a region with higher prevalence of this...

Differential Diagnoses:

- Behçet's Disease (ICD: M35.2) - 0.6
- Systemic Lupus Erythematosus (ICD: M32.9) - 0.4
- Inflammatory Bowel Disease (Crohn's Disease) (ICD: K50.9) - 0.5

Key Clinical Findings:

- Recurrent self-resolving episodes of severe abdominal pain, fever, and arthritis
- Family history of similar episodes
- Elevated CRP and ESR with peritoneal signs
- Patient's Somali origin suggesting genetic predisposition

Recommended Tests:

- Genetic testing for MEFV gene mutations - Confirm FMF diagnosis
- Complete blood count and blood cultures - Rule out infection
- Abdominal ultrasound or CT - Evaluate for peritonitis or other abdominal pathology

Immediate Management:

- Provide interpreter services for accurate history and consent
- Administer IV fluids and supportive care for pain and fever

Medications:

- Colchicine 0.6 mg PO
- Ibuprofen 400 mg PO

3. gpt-oss-120b (USA, Released: 2025-08-05)

4. command-r (Canada, Released: 2024-03-11)

Primary Diagnosis: Acute Recurrent Peritonitis (ICD-10: R11) - Confidence: 0.85

Reasoning: Recurrent abdominal pain with peritoneal signs suggests peritonitis. Cultural context of patient's immigrant background adds relevance to this diagnosis....

Differential Diagnoses:

- Familial Mediterranean Fever (ICD: M30.0) - 0.75
- Gouty Arthritis (ICD: M10) - 0.6
- Septic Arthritis (ICD: M00-M03) - 0.55

Key Clinical Findings:

- Recurrent severe abdominal pain with peritoneal signs
- Fever spikes and arthritis involving knees and ankles

Recommended Tests:

- Complete Blood Count - Evaluate for inflammation/infection markers
- Inflammatory markers: CRP, ESR - Confirm systemic inflammation
- Urate Level - Rule out gout

Immediate Management:

- Initiate IV fluids for hydration and pain control
- Start empirical antibiotic therapy: Ceftriaxone for suspected bacterial etiology

Medications:

- Ceftriaxone 1g daily IV
- Colchicine 1.2mg initially, then 0.6mg daily PO

5. deepseek-chat (China, Released: 2024-12-20)

Primary Diagnosis: Familial Mediterranean Fever (ICD-10: E85.0) - Confidence: 0.9

Reasoning: Recurrent episodes of fever, abdominal pain, and arthritis in a patient of Somali origin with family history of similar episodes strongly suggests Familial Mediterranean Fever....

Differential Diagnoses:

- Acute Appendicitis (ICD: K35.80) - 0.3
- Systemic Lupus Erythematosus (ICD: M32.9) - 0.2
- Septic Arthritis (ICD: M00.9) - 0.2

Key Clinical Findings:

- Recurrent episodes of severe abdominal pain
- Fever spikes to 39.5°C
- Arthritis affecting knees and ankles
- Peritoneal signs during episodes

Recommended Tests:

- Genetic testing for MEFV mutations - Confirm diagnosis of Familial Mediterranean Fever
- Complete blood count (CBC) - Assess for leukocytosis and other abnormalities
- Serum amyloid A (SAA) level - Assess amyloidosis risk

Immediate Management:

- Initiate colchicine therapy
- Provide pain management
- Ensure adequate hydration

Medications:

- Colchicine 0.5 mg twice daily PO
- Acetaminophen 500-1000 mg every 6 hours PO

6. gemini-2.5-pro (USA, Released: 2024-12-19)

7. free (China, Released: 2024-12-20)

Primary Diagnosis: Familial Mediterranean Fever (ICD-10: E85.0) - Confidence: 0.9

Reasoning: Recurrent episodes of fever, abdominal pain, and arthritis in a patient of Somali descent with a family history of similar episodes strongly suggest Familial Mediterranean Fever (FMF). Elevated CRP an...

Differential Diagnoses:

- Acute Appendicitis (ICD: K35.80) - 0.3
- Systemic Lupus Erythematosus (ICD: M32.9) - 0.2
- Inflammatory Bowel Disease (ICD: K50.90) - 0.2

Key Clinical Findings:

- Recurrent episodes of severe abdominal pain and fever
- Arthritis affecting knees and ankles
- Elevated CRP and ESR during episodes
- Family history of similar episodes

Recommended Tests:

- MEFV gene testing - Confirm diagnosis of Familial Mediterranean Fever
- Abdominal ultrasound - Rule out other causes of abdominal pain
- Complete blood count (CBC) - Assess for leukocytosis and anemia

Immediate Management:

- Provide pain relief
- Ensure hydration

Medications:

- Colchicine 0.5 mg twice daily PO
- NSAIDs (e.g., Ibuprofen) 400-600 mg every 6-8 hours as needed PO

8. deepseek-r1 (China, Released: 2025-01-20)

Primary Diagnosis: Familial Mediterranean Fever (FMF) (ICD-10: E85.0) - Confidence: 0.85

Reasoning: Recurrent episodic fever, serosal inflammation (peritoneal signs, arthritis), elevated acute-phase reactants, family history in a Somali patient, and lack of response to standard analgesics. FMF is pr...

Differential Diagnoses:

- Acute Intermittent Porphyria (ICD: E80.21) - 0.4
- Systemic Lupus Erythematosus (SLE) (ICD: M32.9) - 0.3
- Infectious/Tuberculous Peritonitis (ICD: A18.3) - 0.25

Key Clinical Findings:

- Recurrent febrile episodes with peritoneal signs
- Migratory arthritis (knees/ankles)
- Elevated CRP/ESR
- Family history of similar episodes

Recommended Tests:

- MEFV gene sequencing - Confirm FMF diagnosis
- Urinary porphobilinogen (during attack) - Rule out acute porphyria
- Abdominal ultrasound/CT - Assess for surgical abdomen/masses

Immediate Management:

- IV fluid resuscitation
- Surgical consultation to rule out acute abdomen

Medications:

- Colchicine 1.2 mg PO daily PO

9. free (France, Released: 2024-11-01)

Primary Diagnosis: Reactive Arthritis (ICD-10: M45.9 (Reactive arthritis, unspecified)) - Confidence: 0.7

Reasoning: Recurrent episodes of abdominal pain, fever, arthritis affecting knees and ankles, peritoneal signs, elevated CRP and ESR, and history of similar episodes in family members....

Differential Diagnoses:

- Infectious arthritis (e.g., septic arthritis) (ICD: M10.9 (Infectious arthritis, unspecified)) - 0.3
- Ankylosing Spondylitis (ICD: M45.0 (Ankylosing spondylitis)) - 0.2
- Psoriatic Arthritis (ICD: M86.0 (Psoriatic arthritis, unspecified)) - 0.1

Key Clinical Findings:

- Recurrent episodes of severe abdominal pain
- Fever spikes to 39.5°C
- Arthritis affecting knees and ankles

Recommended Tests:

- Stool culture - To rule out infectious causes
- HLA-B27 - To support a diagnosis of Reactive Arthritis or Ankylosing Spondylitis
- Rheumatoid factor, Anti-CCP antibodies - To rule out Rheumatoid Arthritis

Immediate Management:

- Administer broad-spectrum antibiotics
- Provide analgesics for pain management

Medications:

- Ciprofloxacin 500mg PO BID PO

10. sonar-deep-rese (USA, Released: 2025-03-07)**11. jamba-large-1.7 (Israel, Released: 2025-07-01)**

Primary Diagnosis: Familial Mediterranean Fever (FMF) (ICD-10: E85.0) - Confidence: 0.85

Reasoning: Recurrent episodes of severe abdominal pain, fever, and arthritis in a patient from a region where FMF is more prevalent, and with a family history of similar symptoms, strongly suggest this diagnosis...

Differential Diagnoses:

- Acute Appendicitis (ICD: K35.80) - 0.6
- Systemic Lupus Erythematosus (SLE) (ICD: M32.9) - 0.5
- Infectious Arthritis (ICD: M00.9) - 0.4

Key Clinical Findings:

- Recurrent abdominal pain and fever
- Arthritis affecting knees and ankles
- Elevated CRP and ESR

Recommended Tests:

- Genetic testing for MEFV gene mutations - Confirm diagnosis of FMF
- Joint aspiration and culture - Rule out infectious arthritis
- Autoantibody panel (ANA, RF) - Rule out autoimmune conditions like SLE

Immediate Management:

- Admit to hospital for pain management and further evaluation
- Initiate empiric treatment with colchicine while awaiting diagnostic results

Medications:

- Colchicine 0.6 mg PO twice daily PO

12. free (USA, Released: 2024-09-25)

Primary Diagnosis: Crohn's Disease (ICD-10: K50.9) - Confidence: 0.8

Reasoning: Recent immigrant from Somalia with recurrent episodes of severe abdominal pain, fever, and arthritis, which are consistent with Crohn's Disease. The episodes resolve spontaneously, and the patient's l...

Differential Diagnoses:

- Ulcerative Colitis (ICD: K50.8) - 0.4
- Reactive Arthritis (ICD: M45.9) - 0.3
- Irritable Bowel Syndrome (ICD: K58.9) - 0.2

Key Clinical Findings:

- Severe abdominal pain during episodes
- Fever spikes to 39.5°C during episodes
- Arthritis affecting knees and ankles

Recommended Tests:

- Complete Blood Count (CBC) - To evaluate for inflammation and anemia
- Erythrocyte Sedimentation Rate (ESR) - To evaluate for inflammation
- Imaging studies (e.g., CT enterography) - To evaluate for gastrointestinal inflammation and structural changes

Immediate Management:

- Administering antibiotics to treat bacterial overgrowth
- Prescribing anti-inflammatory medications (e.g., aminosalicylates, corticosteroids)

Medications:

- Aminosalicylates (e.g., mesalamine) 400 mg PO twice daily PO

13. gemini-2.5-flas (USA, Released: 2024-12-19)

Primary Diagnosis: Familial Mediterranean Fever (FMF) (ICD-10: E85.0) - Confidence: 0.85

Reasoning: Recurrent episodes of severe abdominal pain, fever, and serositis with a family history suggestive of a similar condition in a patient from a region where FMF is endemic (Somalia has a Somali populati...

Differential Diagnoses:

- Appendicitis (recurrent or atypical) (ICD: K35.80) - 0.05
- Infectious etiology (e.g., intra-abdominal abscess, pelvic inflammatory disease) (ICD: Unknown) - 0.05
- Inflammatory Bowel Disease (IBD) - Crohn's Disease (ICD: K50.90) - 0.05

Key Clinical Findings:

- Recurrent severe abdominal pain with fever spikes
- Arthritis affecting knees and ankles
- Family history of similar episodes
- Elevated CRP and ESR during episodes

Recommended Tests:

- MEFV gene sequencing - To identify mutations associated with Familial Mediterranean Fever.
- Abdominal ultrasound or CT scan - To rule out other causes of abdominal pain and peritoneal signs like appendicitis, abscess, or bowel obstruction.
- Complete Blood Count (CBC) with differential - To assess for signs of infection or anemia.

Immediate Management:

- Provide pain relief with stronger analgesics, considering the possibility of inflammatory pain.
- Initiate intravenous fluids for hydration.
- Obtain all necessary laboratory tests and imaging.

Medications:

- Colchicine 0.5 mg twice daily (to be adjusted based on renal function and tolerance) PO
- Morphine or Hydromorphone As needed for severe pain (e.g., 2-4 mg IV q4-6h PRN) IV

14. mistral-large-2 (France, Released: 2024-11-01)

Primary Diagnosis: Familial Mediterranean Fever (ICD-10: E85.0) - Confidence: 0.8

Reasoning: Recurrent episodes of severe abdominal pain, fever, and arthritis, family history, and ethnic background suggestive of FMF....

Differential Diagnoses:

- Acute Appendicitis (ICD: K35.20) - 0.3
- Inflammatory Bowel Disease (IBD) (ICD: K50.90) - 0.2
- Septic Arthritis (ICD: M00.9) - 0.1

Key Clinical Findings:

- Recurrent episodes of severe abdominal pain
- Fever spikes to 39.5°C
- Arthritis affecting knees and ankles
- Episodes last 2-3 days and resolve spontaneously

Recommended Tests:

- Complete Blood Count (CBC) - Assess for infection or inflammation
- C-reactive protein (CRP) and Erythrocyte Sedimentation Rate (ESR) - Monitor inflammatory markers
- Genetic Testing for MEFV gene mutations - Confirm Familial Mediterranean Fever

Immediate Management:

- Hydration and supportive care
- Monitor vital signs and pain levels

Medications:

- Colchicine 0.6 mg PO daily PO
- Acetaminophen 650 mg PO every 4-6 hours PO

15. command-r-plus (Canada, Released: 2024-04-04)

Primary Diagnosis: Familial Mediterranean Fever (FMF) (ICD-10: M8A00) - Confidence: 0.75

Reasoning: Patient's clinical presentation, family history, and ethnic background are highly suggestive of FMF, an autoinflammatory disorder common in certain ethnic groups including those from the Mediterranean...

Differential Diagnoses:

- Autoinflammatory Syndrome (ICD: M35.8) - 0.2
- Inflammatory Bowel Disease (IBD) (ICD: K50-K50.9) - 0.15
- Infectious Arthritis (ICD: M00-M03, M60) - 0.1

Key Clinical Findings:

- Recurrent episodes of severe abdominal pain, fever, and arthritis
- Family history of similar symptoms
- Patient's ethnic background from Somalia

Recommended Tests:

- Genetic Testing for MEFV mutations - Confirm diagnosis of FMF
- Complete Blood Count (CBC), Inflammatory Markers (CRP, ESR) - Assess inflammation and rule out infection
- Joint Fluid Analysis - Evaluate for infectious arthritis

Immediate Management:

- Start patient on a colchicine trial
- Refer patient to a rheumatologist for further evaluation and management

Medications:

- Colchicine Starting dose of 0.5-1 mg twice daily, adjusted as needed PO

16. wizardIm-2-8x22 (USA, Released: 2024-04-15)

Primary Diagnosis: Familial Mediterranean Fever (FMF) (ICD-10: D84.1) - Confidence: 0.7

Reasoning: Recurrent episodes of fever, abdominal pain, and arthritis, along with a family history of similar episodes, are highly suggestive of FMF, which is common in individuals of Mediterranean and Middle Ea...

Differential Diagnoses:

- Systemic Lupus Erythematosus (SLE) (ICD: M32.1) - 0.5
- Inflammatory Bowel Disease (IBD) (ICD: K50.9) - 0.4
- Periodic Fever, Aphthous Stomatitis, Pharyngitis, and Adenitis (PFAPA) Syndrome (ICD: G25.1) - 0.3

Key Clinical Findings:

- Recurrent fever spikes up to 39.5°C
- Severe abdominal pain with peritoneal signs
- Arthritis affecting knees and ankles
- Elevated CRP and ESR

Recommended Tests:

- Genetic Testing for MEFV Gene Mutations - To confirm diagnosis of FMF
- Autoimmune Panel including ANA, dsDNA, ENA, and Anti-CCP - To rule in/out SLE and other autoimmune conditions
- Stool Culture and Calprotectin - To rule out infectious etiologies and IBD

Immediate Management:

- Administer broad-spectrum antibiotics if infection cannot be ruled out initially

- Provide adequate analgesia, potentially requiring opioids given unresponsiveness to standard analgesics

Medications:

- Colchicine 1.2-2.4 mg/day in divided doses PO

17. grok-2-1212 (USA, Released: 2024-12-12)

Primary Diagnosis: Familial Mediterranean Fever (ICD-10: E85.0) - Confidence: 0.8

Reasoning: Recurrent episodes of fever, abdominal pain, and arthritis with family history; common in Mediterranean populations including Somalis....

Differential Diagnoses:

- Systemic Lupus Erythematosus (ICD: M32.9) - 0.6
- Inflammatory Bowel Disease (ICD: K50.9) - 0.5
- Periodic Fever, Aphthous Stomatitis, Pharyngitis, and Adenitis Syndrome (ICD: E85.1) - 0.4

Key Clinical Findings:

- Recurrent episodes of fever and abdominal pain
- Family history of similar episodes

Recommended Tests:

- Genetic testing for MEFV gene mutation - Rule in Familial Mediterranean Fever
- Complete Blood Count (CBC) - Assess for signs of inflammation or infection
- Antinuclear Antibody (ANA) test - Rule out Systemic Lupus Erythematosus

Immediate Management:

- Initiate pain management and fever control
- Obtain detailed family history and past medical history

Medications:

- Colchicine 0.6 mg twice daily PO
- Ibuprofen 400-800 mg every 6-8 hours PO

18. gemma-2-9b-it (USA, Released: 2024-06-27)

Primary Diagnosis: Familial Mediterranean Fever (FMF) (ICD-10: M30.3) - Confidence: 0.7

Reasoning: Recurrent episodes of fever, abdominal pain, and arthritis, especially in the context of familial history and ethnicity, are highly suggestive of FMF. The lack of response to standard analgesics furth...

Differential Diagnoses:

- Seronegative Spondyloarthritis (ICD: M45.4) - 0.2
- Autoinflammatory Syndrome (ICD: Unknown) - 0.1
- Infectious Arthritis (ICD: M00-M09) - 0.05

Key Clinical Findings:

- Recurrent episodes of abdominal pain and fever

- Arthritis affecting knees and ankles
- Family history of similar symptoms
- Limited English proficiency

Recommended Tests:

- MEFV gene testing - Confirms diagnosis of FMF
- Complete blood count (CBC) - Rule out infection or anemia
- Erythrocyte Sedimentation Rate (ESR) and C-reactive Protein (CRP) - Assess inflammation

Immediate Management:

- Administer NSAIDs for pain relief
- Provide supportive care (hydration, rest)

Medications:

- Colchicine 0.6 mg orally three times daily PO

19. gpt-4o (USA, Released: 2024-05-13)

Primary Diagnosis: Familial Mediterranean Fever (ICD-10: E85.0) - Confidence: 0.9

Reasoning: The patient's symptoms of recurrent abdominal pain, fever, arthritis, and family history are consistent with Familial Mediterranean Fever, which is prevalent in people from the Mediterranean region, i...

Differential Diagnoses:

- Systemic Lupus Erythematosus (ICD: M32.9) - 0.5
- Inflammatory Bowel Disease (ICD: K50.9) - 0.4
- Adult-onset Still's Disease (ICD: M06.1) - 0.3

Key Clinical Findings:

- Recurrent severe abdominal pain
- Fever spikes to 39.5°C

Recommended Tests:

- MEFV gene mutation analysis - To confirm Familial Mediterranean Fever
- ANA test - To rule out Systemic Lupus Erythematosus
- Stool test for inflammation markers - To rule out Inflammatory Bowel Disease

Immediate Management:

- Pain management with colchicine
- Hydration and fever control

Medications:

- Colchicine 0.6 mg PO

20. gemini-2.5-flas (USA, Released: 2024-12-19)

Primary Diagnosis: Familial Mediterranean Fever (FMF) (ICD-10: E85.0) - Confidence: 0.9

Reasoning: Recurrent episodes of fever, severe abdominal pain (peritoneal signs), and arthritis, resolving spontaneously, with a familial history and ethnic background (Somali, a population with known FMF preval...

Differential Diagnoses:

- Crohn's Disease (Inflammatory Bowel Disease) (ICD: K50.9) - 0.6
- Systemic Lupus Erythematosus (SLE) (ICD: M32.9) - 0.5
- Acute Intermittent Porphyria (AIP) (ICD: E80.21) - 0.4

Key Clinical Findings:

- Recurrent episodes of severe abdominal pain with peritoneal signs
- Recurrent fever spikes (up to 39.5°C)
- Recurrent arthritis affecting knees and ankles
- Episodes last 2-3 days and resolve spontaneously

Recommended Tests:

- Genetic testing for MEFV gene mutations - To confirm the diagnosis of Familial Mediterranean Fever by identifying mutations in the MEFV gene.
- Acute phase reactants (CRP, ESR) during an episode - To confirm active inflammation during symptomatic periods.
- Comprehensive metabolic panel (CMP), CBC with differential - To assess overall organ function, electrolyte balance, and rule out other causes of fever/pain; assess for leukocytosis.

Immediate Management:

- Pain management with strong analgesics (e.g., opioids if necessary, given unresponsiveness to standard analgesics) and anti-inflammatory drugs (NSAIDs) during acute attacks.
- Antipyretics for fever control.
- IV fluids if signs of dehydration due to pain/fever.

Medications:

- Colchicine 0.6 mg PO
- NSAIDs (e.g., Ibuprofen or Naproxen) Variable, e.g., Ibuprofen 400-600 mg PO

21. llama-3.2-3b-in (USA, Released: 2024-09-25)

22. gpt-4o-mini (USA, Released: 2024-07-18)

Primary Diagnosis: Familial Mediterranean Fever (FMF) (ICD-10: M35.3) - Confidence: 0.85

Reasoning: The patient's recurrent abdominal pain, fever, and arthritis, along with a family history of similar episodes, suggest FMF, which is common in individuals of Mediterranean descent, including some popu...

Differential Diagnoses:

- Systemic lupus erythematosus (SLE) (ICD: M32) - 0.15
- Rheumatic fever (ICD: I00) - 0.05
- Abdominal tuberculosis (ICD: A18.2) - 0.05

Key Clinical Findings:

- Recurrent episodes of severe abdominal pain
- Elevated CRP and ESR

Recommended Tests:

- Genetic testing for MEFV mutations - To confirm diagnosis of Familial Mediterranean Fever
- Tuberculin skin test or IGRA - To rule out abdominal tuberculosis

Immediate Management:

- Administer fluids and electrolytes for hydration
- Initiate pain management with colchicine

Medications:

- Colchicine 1 mg initially, then 0.5 mg after 1 hour PO

23. qwen-2.5-coder- (China, Released: 2024-11-12)

Primary Diagnosis: Recurrent Peritonitis due to Amyloidosis (ICD-10: M91.0) - Confidence: 0.8

Reasoning: The recurrent episodes of severe abdominal pain, fever, and arthritis, coupled with peritoneal signs, elevated CRP and ESR, suggest a possible systemic inflammatory process, possibly amyloidosis affecting...

Differential Diagnoses:

- Recurrent Peritonitis due to Appendiceal Perforation (ICD: K30.1) - 0.6
- Recurrent Peritonitis due to Appendicitis (ICD: K30.0) - 0.5
- Recurrent Peritonitis due to Inflammatory Bowel Disease (IBD) (ICD: K50.9) - 0.5

Key Clinical Findings:

- Recurrent episodes of severe abdominal pain
- Peritoneal signs during episodes

Recommended Tests:

- Amyloid Protein Testing (e.g., Serum Amyloid A protein) - To rule in or out amyloidosis
- Abdominal Ultrasound - To assess for appendiceal pathology or other sources of peritonitis
- CT Scan of Abdomen and Pelvis - To evaluate for inflammatory or neoplastic causes of peritonitis

Immediate Management:

- Administer IV fluids to correct dehydration
- Initiate broad-spectrum antibiotics to cover potential infectious sources

Medications:

- Ciprofloxacin 400 mg IV every 12 hours IV

24. free (USA, Released: 2024-06-27)

Primary Diagnosis: Reactive Arthritis (ICD-10: M00.0) - Confidence: 0.7

Reasoning: The patient's presentation of recurrent episodes of abdominal pain, fever, arthritis affecting the knees and ankles, and improvement with time is suggestive of reactive arthritis. This is further supp...

Differential Diagnoses:

- Inflammatory Bowel Disease (IBD) (ICD: K50) - 0.2
- Gout (ICD: M10) - 0.1
- Septic Arthritis (ICD: J04) - 0.05

Key Clinical Findings:

- Recurrent episodes of abdominal pain
- Elevated CRP and ESR

Recommended Tests:

- Complete Blood Count (CBC) - Rule out infection and assess for anemia
- Urine Analysis - Rule out urinary tract infection as a potential trigger
- Joint Fluid Analysis - To assess for inflammation and rule out septic arthritis

Immediate Management:

- Administer intravenous fluids
- Start broad-spectrum antibiotics pending culture results

Medications:

- Ibuprofen 600 mg PO

25. deepseek-chat-v (China, Released: 2024-12-20)

Primary Diagnosis: Familial Mediterranean Fever (ICD-10: E85.0) - Confidence: 0.85

Reasoning: Recurrent episodes of fever, abdominal pain, and arthritis in a patient of Somali descent with family history of similar episodes strongly suggest Familial Mediterranean Fever (FMF). Elevated CRP and ...

Differential Diagnoses:

- Appendicitis (ICD: K35.80) - 0.3
- Systemic Lupus Erythematosus (SLE) (ICD: M32.9) - 0.25
- Inflammatory Bowel Disease (IBD) (ICD: K50.90) - 0.2

Key Clinical Findings:

- Recurrent episodes of severe abdominal pain and fever
- Arthritis affecting knees and ankles

Recommended Tests:

- Genetic testing for MEFV mutations - Confirm diagnosis of Familial Mediterranean Fever
- Complete blood count (CBC) - Assess for leukocytosis or anemia
- Abdominal ultrasound - Rule out other causes of abdominal pain

Immediate Management:

- Provide pain relief with NSAIDs
- Monitor vital signs closely

Medications:

- Colchicine 0.6 mg twice daily PO
- Ibuprofen 400 mg every 6 hours as needed PO

26. claude-3-opus-2 (USA, Released: 2024-02-29)

Primary Diagnosis: Familial Mediterranean Fever (ICD-10: E85.0) - Confidence: 0.8

Reasoning: Recurrent episodes of fever, abdominal pain, and arthritis in a young woman of Mediterranean descent, with similar family history, strongly suggests FMF....

Differential Diagnoses:

- Acute intermittent porphyria (ICD: E80.21) - 0.4
- Systemic lupus erythematosus (ICD: M32.9) - 0.3
- Hereditary angioedema (ICD: D84.1) - 0.2

Key Clinical Findings:

- Recurrent self-limited episodes of fever, abdominal pain, and arthritis
- Family history of similar episodes
- Mediterranean ancestry

Recommended Tests:

- MEFV gene mutation analysis - Confirm diagnosis of FMF
- CBC with differential - Assess for leukocytosis or anemia
- CRP and ESR - Evaluate for acute inflammation

Immediate Management:

- IV fluids for hydration
- Antipyretics for fever control

Medications:

- Colchicine 0.6 mg PO BID PO

27. Ifm-40b (USA, Released: 2024-10-29)

Primary Diagnosis: Familial Mediterranean Fever (ICD-10: M35.81) - Confidence: 0.8

Reasoning: Recurrent episodes of fever and serositis, a history of similar episodes in family members, and the patient's ethnicity (Somali) suggest FMF, a genetic autoinflammatory disorder common in populations ...

Differential Diagnoses:

- Rheumatic Fever (ICD: I00) - 0.6
- Gout (ICD: M10.9) - 0.5
- Systemic Lupus Erythematosus (SLE) (ICD: M32.15) - 0.4

Key Clinical Findings:

- Recurrent episodes of severe abdominal pain
- Fever spikes to 39.5°C

Recommended Tests:

- Genetic testing for FMF - Confirm or rule out genetic predisposition
- Full blood count - Rule out infection and anemia
- CRP and ESR - Monitor inflammatory markers

Immediate Management:

- Administer NSAIDs for pain management
- Start colchicine for FMF management

Medications:

- Colchicine 1.0-1.5 mg/day in divided doses PO