

Patient Evaluation

Key Words	high fever, swollen joints, adult-onset Still's disease, macrophage activation syndrome, hemophagocytic lymphohistiocytosis
Transcript Summary	The patient presents with a high fever lasting five to seven days accompanied by swollen joints. These symptoms, along with the high fever and joint swelling, raise concern for an autoimmune disorder.

Patient Summary

The patient's clinical presentation of prolonged high fever and swollen joints is suggestive of an inflammatory or autoimmune condition. Given the symptoms and the involvement of multiple joints, one consideration is Adult-Onset Still's Disease (AOSD), a systemic inflammatory disorder that can present with high fever, arthralgia, and skin rashes. In particular, Macrophage Activation Syndrome (MAS), a severe complication of AOSD characterized by excessive immune activation, should be considered. Literature highlights cases of hyperferritinemia and cytopenia associated with MAS. Early recognition and treatment are crucial due to the high risk of severe complications, including possible death. The source discusses a case in which a similar presentation was observed, and successful management required high-dose steroids and immunosuppressive therapy, indicating potential treatment pathways.

SOAP:

Subjective: The patient reports a high fever for five to seven days and swollen joints.

Objective: The source notes similar cases have swollen joints, high-grade fever, leukocytosis, anemia, and elevated ESR/CRP.

Assessment: The symptoms align with Adult-Onset Still's Disease with possible Macrophage Activation Syndrome, requiring prompt intervention.

Plan: Consider initiating high-dose steroids, possibly followed by immunosuppressive agents like cyclosporine, and monitor ferritin and inflammatory markers.

Related Healthcare Fields:

- Rheumatology: Rheumatologists specialize in autoimmune disorders like Adult-Onset Still's Disease.
- Hematology: Hematologists can assist in diagnosing and managing cytopenias and hyperinflammatory syndromes.
- Infectious Disease: To rule out infections that can mimic similar inflammatory presentations.
- Critical Care: In cases of severe systemic involvement, intensive monitoring and care may become necessary.

Devices needed:

- Complete Blood Count (CBC): To assess for anemia and leukocytosis.
- Ferritin Test: To check for hyperferritinemia, indicative of MAS.
- Bone Marrow Biopsy: To evaluate for hemophagocytic activity.
- Erythrocyte Sedimentation Rate (ESR) and C-Reactive Protein (CRP): To measure inflammation levels.

Urgency Level:

Level: High

Justification: The combination of prolonged high fever and swollen joints with the risk of MAS suggests a high urgency for diagnosis and treatment.

Recommended Action: Immediate evaluation and initiation of treatment within 24 hours to prevent complications.

Move to requests to **Accept** or **Decline** patient