

## Adult-onset sStills disease as a differential diagnosis in prolonged fever: diagnosis and treatment experience

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### Abstrak

Adult onset Stills disease is a rare systemic disease that may involve many organs and may mimic many disease such as infection, autoimmune disease, and also malignancy. The diagnostic approach and treatment strategies have not been well established due to its rarity; however, there are some diagnostic criteria that may help. We present a case of 36-year old man who experienced high prolonged fever which firstly thought as infection. He also had unilateral wrist and knee joint pain and maculopapular rash. Laboratory examination showed high leukocytes count with elevated polymorphonuclear neutrophil count, high platelet count, high ferritin level, and negative results of many infection markers (typhoid antibody, procalcitonin, malaria test, blood culture, urine culture, IgM pneumonia, ASTO, syphilis test, antiHIV, HBsAg, antiHCV, etc). Chest X-ray, joint X-ray, ultrasonography, and echocardiography showed normal result. The patient was then diagnosed with Adult-onset Stills disease and received intravenous methylprednisolone and the fever was disappeared in 3 days. Six months later the arthralgia appeared again, methotrexate was administered and the pain was then relieved.

.....Adult onset Still's disease merupakan penyakit sistemik jarang yang melibatkan berbagai organ serta menyerupai penyakit lain seperti infeksi, penyakit autoimun dan juga keganasan. Diagnosis dan pengobatan belum terlalu baik karena penyakit ini jarang. Meskipun demikian, sudah terdapat beberapa kriteria diagnosis yang dapat membantu. Kami memaparkan suatu kasus, pria berusia 36 tahun datang dengan demam tinggi terus menerus yang pertama kali dianggap sebagai infeksi. Pasien juga mengalami nyeri sendi pergelangan tangan dan lutut unilateral disertai ruam makulopapular. Pemeriksaan laboratorium menunjukkan leukosit tinggi dengan hitung jenis netrofil polimorfonuklear tinggi, trombosit tinggi, feritin tinggi, dan berbagai penanda infeksi negatif (antibodi tifoid, prokalsitonin, malaria, kultur darah, kultur urin, IgM pneumonia, ASTO, tes sifilis, antiHIV, HBsAg, antiHCV dan sebagainya). Rontgen dada, rontgen sendi, ultrasonografi, dan ekokardiografi menunjukkan hasil normal. Pasien ini kemudian didiagnosis adult onset Still's disease dan diberikan metilprednisolon intravena dan demam hilang dalam tiga hari. Enam bulan kemudian pasien mengeluhkan nyeri sendi dan diberikan metrotreksat, kemudian nyeri membaik.