



<p>CC: Fever/Fiebre/Febre/Bukhaar /Taav</p> <p>HPI: 45F presents to ED with fever. Fever and sore throat treated with antibiotics for 5 days. <u>2w later:</u> Symptoms persisted with myalgias, arthralgias and rash. Diagnosed with allergy reaction, later discharged. <u>1w later:</u> Persistent symptoms, presents to ED of this institution. Subjective fever sensation, no sore throat, mild articular pain knees, rash in trunk and extremities.</p>	<p>Vitals: T:39.5C HR: 117 BP:128/70 RR: SpO₂: 99% on room air</p> <p>Exam: Gen: Acutely ill, mild dehydration CV, Pulm, Abd and neuro: Unremarkable Extremities/Skin: Macular erythema non pruritic more pronounced at the belt line. No signs of synovitis.</p> <p>Patient refers that the rash initiated after the fever.</p>	<p>Problem Representation: ENG: (Dhruv) Middle aged women recently treated for suspected bacterial pharyngitis p/w persistent fever, sore throat, myalgias, arthralgias and rash. ESP: Paciente femenino de mediana edad y sin antecedentes e importancia ingresa por fiebre persistente asociada a faringitis, artralgias y reciente rash post antibióticos. POR: Paciente femenino de 45 años recientemente tratada por sospeita de faringite bacteriana se apresenta com febre persistente, dor de garganta, mialgia, artralgia e rash. Quechua: Sipaqsa 45 watayuq kachkan, chayraq antibioticowan hampirqan, kahaywan, rash, millp'una, challwan, muqukuna nanachkan.</p>
<p>Past Medical History: None</p> <p>Meds: Amoxicillin 5 days (sore throat)</p>	<p>Notable Labs & Imaging: Hematology: WBC: 20.7 (N:88%, L: 7%, M: 4%) Hgb: 13 Plt: 389</p> <p>Chemistry: Na: 129 CRP 8.1 BUN: NI Cr: NI Ferritin: >2000 Cultures and viral panel: Negative Autoimmune panel: ANA 1/320</p> <p>Imaging: CT: NI Rash was compatible with Still's disease. Started steroids and patient symptoms resolves. Bone marrow bx: Hypercellularity compatible with Still's disease. Final Diagnosis: Still's disease</p>	<p>Teaching Points (Rafa)</p> <ul style="list-style-type: none"> ● FEVER + SORE THROAT IMADE - infection, malignancy, autoimmune, drugs and endocrinopathy Antibiotic refractory therapy - wrong dose/antibiotic/bug (EBV) / non-infectious causes / source (osteo, endocarditis, abscess) Fever + myalgias - many etiologies - focus on the pharyngitis IMADE spectrum) ● MONO-LIKE SYNDROME Fever + hepatosplenomegaly + pharyngitis + lymphadenopathy CMV, EBV, HIV, toxoplasmosis - lymphocytosis + influenza + measles + STIs Lymphocytosis w/ atypical lymphocytes Pearl - amoxicillin in mononucleosis can result in a maculopapular rash ● RASH - specific exposure, part of the clinical syndrome, SE of the treatment (hypersensitivity reaction) ● ARTHRALGIA + MYALGIA + FEVER + RASH - dengue / zika / chikungunya ● FUNKY INFLAMMATION - non-neutrophilic predominant inflammation Lymphocytosis - neoplasia (CML) ● NEUTROPHILIC INFLAMMATION - infection / autoimmune (vasculitis, Stills, IBD) / drug (AGEP) / malignancy (solid > liquid - MPL) / endocrine (Cushing) / other (alcoholic hepatitis) ● STILLS: inflammatory disorder - marked by fever, arthritis, and rash + resolving pharyngitis Lymphadenomegaly + hepatosplenomegaly can also be seen Rarely - renal disease with proteinuria / neurologic involvement such as seizures Treat ASAP - destructive pharyngitis
<p>Family History:</p> <p>Social History: From Chile. No drug user or travel history.</p> <p>Health Related Behaviours:</p> <p>Allergies: None</p>		