Comparison of survival rates among subgroups of patients evaluated for fever of unknown origin

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Background: Fever of unknown origin (FUO) is one of the most challenging clinical situations. Although several studies showed a relatively benign course of patients remained undiagnosed, long-term outcome of patients with a certain diagnosis remain non-established (1).

Objectives: To describe the follow-up results of patients investigated for FUO and had a certain diagnosis.

Methods: Data from patients who admitted to Hacettepe University Hospitals, inpatients sections of department of the internal medicine with the complaint of FUO collected prospectively from January 2015 to October 2017. Patients with an uncertain diagnosis after all diagnostic procedures excluded. Patients were divided into 3 main subgroups: rheumatologic, infectious and malignant groups. We compared Kaplan-Meier curves for all diagnosis-to-death time frames with the standard log-rank test. p<0.05 was considered as statistically significant.

Results: Total 106 patients were included, 58(55%) of them were female. Median age was 48 (18-81) years. Patients were also divided into three subgroups: rheumatologic (RHE) (n=49, 46.2%), infectious (INF) (n=28, 26.4%) and malignant (MLG) (n=29, 27.4%) causes; adult-onset Still’s disease (n=20; 41% of), tuberculosis (n=9; 32%) and lymphoma (n=19; 66%) were the most common diagnosis among groups, respectively. Mortality rates in decreasing order were RHE, INF and MLG groups, respectively. 

Conclusion: Among patients evaluated for FUO, survival rate was higher in patients who had a rheumatological diagnosis. Further diagnostic algorithms are needed to identify these subgroups, because of the higher mortality among INF and MLG groups.

References:
We selected patients with ocular inflammation from a cohort of 381 patients with sarcoidosis (n=50, 13%). Most of the cases were women (54%) and median age was 45.5±16.7 years. In these 50 cases, the most affected organ was lung (60%), followed by skin (28%). Forty patients had uveitis, 32 of them with ocular symptoms. Thirty-nine out of 50 patients (78%) met one of the 4 IWOS diagnostic categories: 22 with sarcoid anterior uveitis, 11 (21%) received another conventional immunosuppressor and 11 patients (88%) received oral corticosteroids, 21 (42%) received methotrexate, 5 (10%) biologic therapy. The median value of ACE was 69 U/l. Forty-four signs were bilaterality (44%), snowballs or strings of pearls (38%), mutton-fat KPs (24%), multiple chorioretinal peripheral lesions (14%) and peripheralpits (10%).

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