

Kluge Entscheidungen

Keine ANA bei unspezifischen Symptomen

Keine Borrelienserologie ohne spezifische Symptome

Kein Ausschluss von „Rheuma“ bei normalem Entzündungslabor

Keine Diagnose „Arthritis“ bei unauffälligem MRT

Keine Diagnose „Fiebersyndrom“ ohne erhöhtes Entzündungslabor im Anfall

Charakteristisch für Fiebersyndrom

- Beginn in Kindheit
- Episodische stereotype Symptomatik an verschiedenen Organen
- Familienanamnese, Konsanguinität +, Ethnizität bei FMF
- Entzündungsparameter \uparrow im Anfall, normal im Intervall
- Keine Infektion inkl. Zoonosen, Reisekrankheiten
- Trigger: Kälte, Impfung, Menstruation...

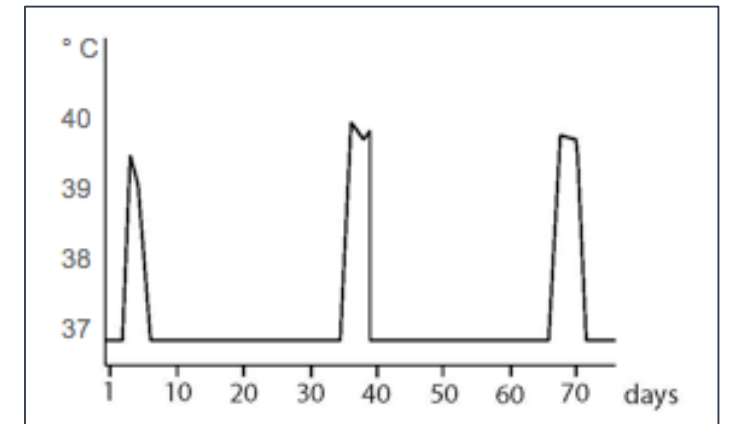
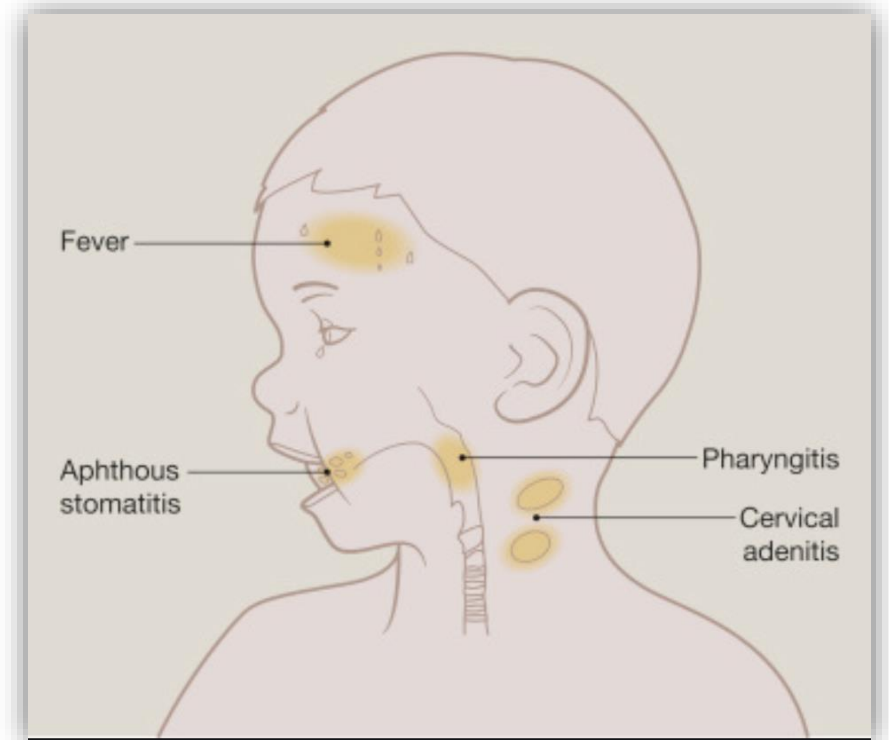


Table 1: Autoinflammatory syndromes. / Fever syndromes

Disease	Inheritance pattern and most common age at presentation	Type of fever	Skin lesions	Systemic features	Others	Treatment
TRAPS	Autosomal dominant, TNF R 1 gene, infants adults	Usually 1–3 weeks	Erythematous rash or dermal plaques on extremities	Myalgia, arthralgia	Serositis, abdominal pain, conjunctivitis, periorbital edema	Etanercept Anakinra
FMF	Autosomal recessive, MEFV gene, <20 year in 80% of patients	≥39°C 1–3 days	Erysipelas-like	Recurrent monoarthritis, tenosynovitis, arthralgias, myalgia	Abdominal pain, serositis, scrotal swelling	Colchicine, Anakinra
HIDS	Autosomal recessive, MVK gene, <2 years	3–7 days	Maculopapular rash, aphthous ulcers	Arthralgia Arthritis	Cervical adenitis, abdominal pain	Anakinra
FCAS	Autosomal dominant, NLRP3, <1 year	<24 h	Urticaria	Arthralgias	Cold-induced conjunctivitis	Anakinra
MWS	Autosomal dominant, NLRP3 variable; infants, teens, young adults	Low-grade fever 1–3 day	Erythematous rash, urticaria (sometimes cold-induced)	Myalgias, arthralgias, arthritis	Conjunctivitis, uveitis, sensorineural hearing loss, fatigue	Anakinra
NOMID	Sporadic, NLRP3, <1 year	Mild fevers, constant	Chronic urticarial-like skin rash	Arthralgia, arthritis, bony overgrowth of epiphysis, bony hypertrophy/ deformity, frontal bossing	Chronic uveitis Conjunctivitis, chronic aseptic meningitis, sensorineural hearing loss, headaches, papilledema, optic atrophy, visual loss, mental retardation	Anakinra
AOSD/ SOJIA	Acquired; no known genetic link 3–35 years	≥39°C, daily quotidian fevers	Evanescient pink rash, 30–40% pruritic or urticarial	Polyarthritis Polyarthralgia Myalgia	Prodromal sore throat, serositis, lymphadenopathy, hepatosplenomegaly	Steroids Methotrexate Anakinra (IL-1 inhibitors)
PFAPA	Unknown 5–35 years	Lasting 4–5 days	Aphthous ulcerations	None	Pharyngitis cervical adenitis, abdominal pain	Tonsillectomy Single steroid dose Cimetidine Anakinra
PAPA	Autosomal dominant, PSTPIP1 gene, Children adolescents adults	None	Acne Pyoderma gangrenosum Pathergy	Inflammatory arthritis mostly large joints (some erosive or deforming)		TNF inhibitors IL-1 inhibitors
Cyclic neutropenia	Autosomal dominant, neutrophil elastase gene (ELA-2 or ELANE) Child to adult	10–14 day of low-grade fevers; recurs q 4–6 weeks	Oral ulcers gingivitis periodontitis recurrent cellulitis or furunculosis	None	Malaise, pharyngitis, lymphadenopathy	G-CSF, steroids
DIRA/ DITRA	AR, Loss of IL 1 receptor antagonist, Neonates		Generalized pustular psoriasis, aseptic pustular dermatitis		Multifocal osteomyelitis, and periostitis	Anakinra

PFAPA - nicht genetisch nachweisbar

- Periodisches Fieber (100%)
- Adenitis zervikalis (88 %)
- Pharyngitis (72 %)
- Aphthöse Stomatitis (70 %)
- Bauchschmerzen (50 %)
- Beginn 2.-3. Jahr, Dauer 4 - 5 Tage
- Fixes Intervall 3-4 Wochen, dazwischen beschwerdefrei



Grateau et al. Current Opinion in Rheumatology, 1999, 11: 75-78., Feder. Current Opinion in Pediatrics 2000, 12:253-56.

