

Fever of Unknown Origin: Series of Cases in the Last Six Months that Occurred in Internal Medicine

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Background: Fever of unknown origin (FUO) represents about 3% of hospital admissions and has a strong impact on health systems. It is usually of unknown origin until it is associated with a probable or definitive diagnosis after a reasonable diagnostic workup. The etiologies can be grouped into 5 categories: infections, neoplasms, inflammatory diseases, various diseases and undiagnosed diseases. The relative frequencies of individual diagnoses vary by decade, geographic region, patient age, and type of medical practice. Very sophisticated diagnostic tools such as positron emission tomography (PET), biochemical, serological and cultural tests, FNAB, although they are attractive, it is not clear to what extent they can facilitate a diagnosis.

We present a cases series of FUO hospitalized in the last six months.

Sex-Age	Fever Duration	Main symptoms	U.O	Diagnosis	Result
M 43	75 days	Fever	IM	Chronic GVHD	Trasferred
M 61	36 days	Fever Cough, Syncope	IM	Pulmonary terminal branch embolism	Healed
M 57	47 days	Fever, Cough	IM	Pulmonary terminal branch embolism	Healed
M 43	25 days	Endocarditis	IM	LES with APS	Lost at the F-up
M 54	54 Days	Weight loss Fever	IM	Exitus	Foreign body granuloma sigma (autopsy)
F 82	60 days	Fever, anemia	IM	Ca colon retroperitoneal abscess	Hospice

F 58	90 days	Pleurisy, pericarditis, Hepatic enzymes, LDH	Other Hospital	Adult Still Disease	Outpatient clinic
M 63	27 Days	Fever, liver enzymes, arthromyalgias, Pct	IM	Adult Still Disease	Lost at Follow-up
F 46	35 Days	Fever pericarditis	Cardiology Unit	Adult Still Disease	Outpatient clinic
F 67	64 days	Pleurisy, pericarditis, pneumonia hepatic and cardiac enzyme, LDH	Other Hospital	Adult Still Disease	Outpatient Clinic
M 72	43 days	Pleuritis, peritonitis, nuchal headache, arthromyalgias	IM	Adult Still Disease	Outpatient Clinic
M46	24 Days	Knee, wrist arthritis and fever	IM	Adult Still Disease	Outpatient Clinic
F 62	54 Days	Pneumonia, Rash, fever, IRA, Weight loss	ICU	Adult Still Disease	Outpatient Clinic
F62	154 days	Pneumonia, rash, pleurisy, pericarditis In multiple, weight loss	Two more Hospital	Adult Still Disease	Outpatient clinic

Discussion: Years after the first descriptions, the differential diagnosis of FUO has grown to include many new causes, especially diseases of the immune system. A meticulous medical history, thorough physical examination, discriminatory use of investigative procedures, patient observation is better than further blind investigative or therapeutic investigations. Despite all the advances in medicine, the medical art perhaps finds its maximum expression in the FUO diagnosis.