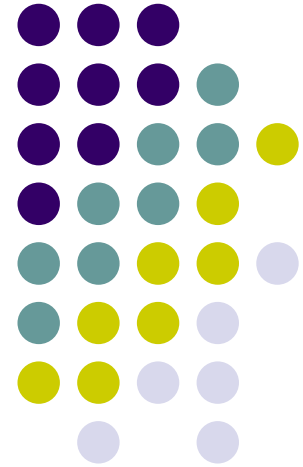


ESIM-2009 TURKEY

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UFUK ÜNİVERSİTESİ



Hilal Tunçer Yılmaz

**Ufuk University Hospital
Ankara, Turkey**



Brief History

- 48 years old female, housewife
- She presented to our Internal Medicine outpatient clinic with a chief complaint of abdominal pain.
- She has been suffering from recurring abdominal pain for the last five years, had been admitted to several hospitals and different departments because of this complaint but had not been diagnosed yet.
- Her abdominal pain has been occurring two or three times in a month and usually lasted for one or two days.
- During her last physician visit, an Internist has prescribed an SSRI and a spasmolytic drug but she had no benefit from this treatment.



- **Past medical history:**

- Appendectomy (1 year ago)
- Hysterectomy (3 years ago)
- Cholecystectomy (4 years ago)
- She had undergone all these operations because of unreasonable (unexplainable) recurrent abdominal pain.

- **Family history:**

- Her son has a diagnosis of Behçet's Disease for the last nine months



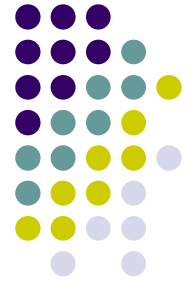
- **Physical Examination (positive signs):**
- Temperature: 37.4C
- Abdomen: Scars of previous operations and diffuse tenderness



Diagnostic work-up

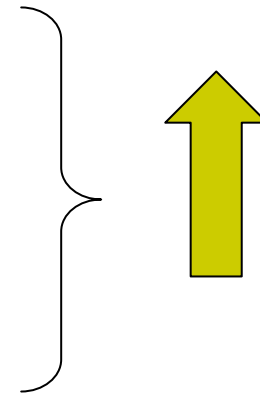
- Tests done in the last six months to investigate the cause of her abdominal pain;
- **Abdominal ultrasonography:** Normal findings (in accordance with the previous surgeries)
- **Abdominal computed tomography:** Normal findings (in accordance with the previous surgeries)
- **Total colonoscopy:** Normal findings
- **Upper GIS endoscopy:** Normal findings

Laboratory



- Liver enzymes,
- Renal function tests,
- Thyroid function tests, were in normal ranges

- WBC: 14,000/ μL (4.00-10.80 $10^3/\mu\text{L}$)
- Sedimentation rate: 65 mm/hr (0.01-20.0)
- C-reactive protein: 108.2 mg/dL (0.01-5.0)
- Fibrinogen: 678.0 mg/dL (175-400)



Diagnosis

- Elevation in serum markers of systemic inflammation,
- Recurrent abdominal pain,
- Absence of alternative cause of abdominal pain,
- Mediterranean littoral origin





FMF

Familyal Mediterranean Fever



Treatment & Follow-up

- Was put on colchicine (0.5 mg, bid) treatment
- Genetic test was performed for the confirmation of the diagnosis
- Genetic test result:
- She has two concomitant heterozygote mutations;
- V726A and M680I
- After the initiation of the therapy she had no paroxysmal attacks of abdominal pain

Take-home Messages-1



- Recurrent episodes of fever and serosal inflammation, together with positive laboratory markers of inflammation, and absence of alternative causes should remind FMF, especially in appropriate ethnic groups

Take-home Messages-2



- Most patients with FMF experience their first attack in early childhood; in 65 percent of cases, the initial attack occurs before the age of 10, and in 90 percent before the age of 20.
- But in our case, the patient experienced her first attack at the age of 43.
- As internists we should remember FMF, as a presumptive diagnosis for recurrent serosal pain irrespective of the patient's age.

