



Skin rash and fever as initial manifestation of Still's disease in pregnancy

Vanakara P, Gkorila G, Tsagkoulis M, Sakkas L, Daponte A

Department of Obstetrics and Gynecology, University General Hospital of La-rissa, Greece, Larisa, Greece

Objective

Still's disease is a rare condition. We report a case of a patient who presented with a manifestation of new-onset during the third trimester in pregnancy.

Methods

This is a case report.

Results

A 39-year old nulliparous woman was admitted to the hospital because of skin rash, fever and arthralgias. The illness has begun 14 days earlier. These symptoms began abruptly and were accompanied by malaise, myalgias and decreased appetite. Ultrasonography revealed that the fetus had no apparent anomalies and her weight was between the normal percentiles for the gestational age (26w). The physical examination revealed generalized maculo-papular rash and both knee sensitivity. Laboratory data revealed anemia. A large screening for infectious and auto-immune diseases was negative. Hepatobiliary imaging was normal. A serum tube agglutination test for brucellosis and serological test for Leishmania were negative. Blood and urine cultures were obtained and were negative. Cardiac ultrasound revealed no presence of vegetations and a small pericardial collection. Ferritin levels were elevated. The diagnosis of Adult onset Still's disease was stated and because of persistent fever and polyarthralgias, after exclusion of active infection immunoglobulin was started. The patient had a progressive dyspnoea and low blood oxygen saturation. A computed tomography with contrast ruled out pulmonary embolism. Steroids were started associated with azathioprine. Clinical remission was not achieved and the condition of the patient was worsened. The fetal ultrasound revealed oligohydramnios. An emergency caesarian section was performed at 31 weeks of gestation and a live female was born with a weight of 1450g. The newborn has been hospitalized in the neonatal unit with a mild respiratory distress syndrome.

Conclusion

Case series data suggest that the rarity of the condition and the maternal physiological changes in pregnancy make the diagnosis difficult and requires a very high index of suspicion and a multidisciplinary team approach.