Abstract

Adult onset Still's disease (ASOD) is a relatively uncommon condition which is categorizing under connective tissue diseases. It is an inflammatory condition[1] and the exact pathogenesis is still unknown. The disease is characterized by quotidian fever, arthritis, and an evanescent rash typically found on the trunk[5]. A wide range of systemic manifestations also can occur. Macrophage Activation Syndrome is a well-recognized serious complication of the disease. It occurs in about 10%[2] of patients with Adult Onset Still's Disease, developing which potentially life is threating. Here I describe a 20 years old male student, who was previously investigated for a possible arthritis six months ago and lost to follow-up following a short course of treatment, currently presenting with a febrile illness with generalized weakness for a duration of one week followed by a two days' history of polyarthralgia. Examination revealed posterior cervical lymphadenopathy and a hepatomegaly. Investigations revealed a leukocytosis with neutrophil predominance, very high inflammatory markers but a negative septic screening. He had a very high serum ferritin level but autoimmune panel was negative. Investigations did not have evidence of a hematological malignancy. With Yamaguchi criteria, the diagnosis was made as adult onset Still's disease after excluding other conditions and started on non-steroidal anti-inflammatory drugs and oral prednisolone but after a period of mild clinical responsiveness for two days there was a recurrence of high grade fever with tachycardia. The diagnosis of macrophage activating syndrome with myocarditis was made and started on intra-venous methylprednisolone initially and converted to oral prednisolone. Methotrexate was started later due to persistent joint symptoms. Currently the patient is on rheumatology clinic follow up.