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INFECTIOUS DISEASE MASKS STILL IN ADULTS

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Annotation

The article presents current prevalence data, clinical variations Still's disease among adults, diagnostic difficulties and disease outcomes. At the presents stage, some success has been achieved in treatment Still's disease using genetically engineered biologic drugs.

Showing a clinical example of the Still's disease in a young woman proceeding under the mask of angina and fever unclear etiology. This clinical example proves that despite the low frequency of occurrence, Still's disease must remain in differential diagnostic doctor's search.

Key words: *Still's disease, diagnostics, treatment.*

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INTRODUCTION:

The urgency of the problem. Adult still's disease is a systemic inflammatory disease of unknown origin, major symptoms are: nejerozivnyj arthritis, high fever, maculopapular skin rash at the height of the fever and Leukocytosis with neitrofilny no increase in the level of rheumatoid factor and antibodies to cyclic peptide citrullinirovannomu in serum and synovial fluid [1, 2]. Besides these manifestations are observed Lymphadenopathy, serosites, lesions of organs of the retikulojendotelialnoj system.

The first mention of the simptomokomplekse, including fever, rash and arthralgia, appeared in the journal Lancet in 1896 [2]. In 1897, the English Pediatrician George Steele released a monograph entitled "one form of arthrosis in children. This symptom was named in honor of him Still as a "disease" [3]. In future such cases described in adults, attributed to the fever of obscure Genesis. In a separate Nosological disease unit Still in adults has been allocated only 1971 year after Eric Bajuoters described numerous cases of this pathology observed them in adult patients [4].

A disease is considered rare, prevalence ranges from 1 to 34 cases per 1 million the population. Adult still's disease strikes persons of any age, but usually develops in young age (from 18 to 35 years old). With approximately equal frequency in men and women, although in some studies, the proportion of women has reached 70% [8].

The absence of specific diagnostic signs make diagnosis difficult diseases for a rheumatologist and a diagnosis of exclusion. About 5% of cases the disease Still initially treated by doctors as "fever of unknown reason.

The etiology of a disease of Steel is unknown. There are several theories of appearance of a disease. The infectious theory means developing of a disease of Steel as jet syndrome in response to infection or bacterial microorganisms (Yersinia enterocolitica, Mycoplasma pneumonia), or viruses (a rubella virus, Epstein-Barre's virus, a cytomegalovirus, a parainfluenza virus).

The genetic theory assumes communication of a disease with changes in structure of the main complex of histocompatability. Unfortunately, the data confirming any of these versions are not obtained now.

The pathogeny of a disease of Steel is studied not completely. The prevalence of answer T-helperov of the 1st type (Th-1) over answer T-helperov of the 2nd type (Th-2) is the cornerstone of a pathogeny of a disease of Steel of adults. Th-1 in turn lead to synthesis of pro-inflammatory cytokines, in particular a factor of a necrosis of a tumor alpha (FNO-á) which stimulates production of interleukin-1 (IL-1), interleukin-6 (IL-6). SILT-1 affects the centers of thermal control in a hypothalamus, leading to reorganization of thermal control and fervescence. Also Interleukin-1 promotes activation of a hemopoiesis and products of proteins of an acute phase in a liver, provoking growth of an endothelium. Production of SILT-6 amplifies under the influence of SILT-1. SILT-6 causes effects, similar to SILT-1. Besides, SILT-6 leads to activation of osteoclasts — the huge multinucleate cells destroying collagen and deleting a bone tissue by dissolution of their mineral component.

Steel's disease of adults is considered in general rather benign disease with the favorable forecast. Allocate three options of a course of a disease [8]. Approximately at 30% of patients symptoms pass within several months (in the majority a case within a year) and in the subsequent do not recur. At 30% of patients the recurrent current which is characterized by alternation of numerous aggravations and remissions which duration varies from several weeks to several years is observed. And, at last, at 40% of patients persistent inflammation which usually is followed by polyarthritis is noted. Suggest to allocate also only two forms of a disease – system and joint which differ on an immunological profile and the answer to genetically engineered biological drugs [8.38]. Existence of bright clinical symptoms, including high fever, arthralgias, skin rashes, a serositis, superactivity of liver enzymes and level of ferritin while the second option is characterized by more erased current and the prevailing damage of joints is typical for the first (including with erosive arthritis).

The basis of a clinical picture of a disease of Steel is presented itself by a triad of symptoms in the form of daily fever, arthralgias or arthritises and characteristic rash of Steel. Also the pharyngalgia, a lymphadenopathy, a splenomegaly, serosites, abdominal pain can be symptoms of this disease. It should be noted that at all variety of clinical manifestations at Steel's disease there is no certain model of emergence of symptoms [6].

The pharyngalgia which is connected with a viral infection or aseptic not exudative pharyngitis [33] can be the first symptom of a disease of Steel of adults. The pharyngalgia disturbs in 70% of cases.

Fervescence up to 39-40 °C usually precedes emergence of other symptoms, and Steel's disease is one of the reasons of fever of not clear genesis (in 3-20% of cases) [31.32]. Fever of usually septic type daily, is more rare 2 times during the day in morning and evening hours, is characterized by very fast temperature rise (on 4 ° within 2 — 3 hours). At 20%

of patients temperature increase remains throughout the day.

Damage of skin is shown by makulopapulezny rash of pink or violet coloring with localization on a breast, hands, legs, in zones of mechanical irritation, appearing in evening and night time, practically does not meet on a face, palms and heels. Rashes, as a rule, arise at height of temperature rise of a body and have passing character: disappear, appear again. Atypical skin manifestations of a disease of Steel meet: petekhialny hemorrhages, knotty erythema, alopecia.

Arthralgias, along with mialgiya, in an onset of the illness of Steel carry to the general manifestations of a disease caused by high temperature rise. The arthritis which is not migrating quite often is associated with quite long morning constraint.

At the initial stage arthritis can affect only one joint. Then defeat accepts the nature of polyarthritis with involvement of ankle, knee, radiocarpal, elbow, hip, temporal and maxillary, interphalangeal, metatarsophalangeal joints. The most typical for Steel's disease is development of arthritis of interphalangeal distal joints of a brush. This feature allows to differentiate a disease from a pseudorheumatism, rheumatic fever, a system lupus erythematosus of which damage of these joints in young age is not characteristic.

Characteristic symptom of a disease is the anchylosis of carpal and metacarpal and intermetacarpal joints, is more rare than calcaneuses and S2-SZ of cervical vertebrae. The progressing destruction of hip joints is described. Heavy mialgiya which expressiveness coincides with fever peak are characteristic. Pharyngalgias with symptoms of pharyngitis — quite characteristic symptom of a disease which is seldom found at other rheumatic diseases.

Defeat the limforetikulyarnykh of bodies includes a gepatosplenomegaliya and a lymphadenopathy. Damage of a liver is shown by its increase, increase in level of liver enzymes and an alkaline phosphatase. Lymphadenitis is observed at 65% of the patients with Steel's disease. The lymphadenopathy is characterized by increase in cervical and submaxillary lymph nodes, a splenomegaly, come to light at a third of patients. Lymph nodes keep the mobility, have moderately dense consistence. The expressed consolidation of a lymph node, its isolated increase or cohesion with surrounding fabrics have to guard in the oncological plan. In atypical cases lymphadenitis can accept necrotic character.

Defeat of a cardiovascular system and lungs are shown by a pericardis (very seldom myocarditis), pleurisy which come to light at 30 — 40% of patients. Seldom bilateral pulmonary infiltrates which remind an alveolitis or a pneumonitis develop. Moderately expressed abdominal pains (9%), damage of central nervous system (tranzitorny extrapyramidal frustration, pathological Babinski's reflexes, epileptiform seizures, sensitive neuropathy), damage of kidneys (in the period of fever a proteinuria and a microhematuria), damage of eyes belong to other rare manifestations: conjunctivitis, iritis, suky keratoconjunctivitis.

Diagnostics

In blood tests nonspecific inflammatory changes, including increase in SOE and concentration of S-jet protein, a neutrophylic leukocytosis are defined, is slightly more rare – anemia and a thrombocytosis and also increase in activity of aminotransferases. Are characteristic of Steel's disease of adults very high serumal concentration of ferritin (to 1000 mkg/l and above) and decrease in serumal level of glikozilirovanny ferritin [35].

In favor of a certain diagnosis existence of 4 big criteria (existence of the persistent fever fast-passing rashes, polyarthritis and an oligoarthritis, a neutrophylic leukocytosis) testifies, and tells existence of fever, arthritis and one big and one small criterion about the probable diagnosis.

Pharyngalgias, serosites, liver dysfunction, visceral defeats, lymphadenopathy and splenomegaly belong to small criteria.

It is necessary to consider that specific criteria of diagnostics of a disease do not exist therefore the diagnosis is established by process of elimination. First of all it is necessary to exclude infectious diseases (mycoplasmal pneumonia, HIV infection, a viral hepatitis, an infectious endocarditis, etc.), malignant tumors (first of all hemoblastoses), autoimmune (a system lupus erythematosus, a pseudorheumatism, system vasculites) and autovospalitelny (a periodic disease, etc.) diseases, a sarcoidosis.

Important diagnostic value have lack of laboratory symptoms of autoimmune diseases (antinuclear antibodies, a rhematoid factor, antibodies to tsitrullinirovanny peptide, antibodies to cytoplasm of neutrophils, etc.) and the results of a biopsy of marrow, lymph nodes or other bodies and fabrics allowing to exclude malignant new growths of blood and lymphatic system and also data of positron emission tomography with F-dezoksiglyukozoy (absence of a tumor or a vasculitis with damage of large arteries). Clinical manifestations of a disease

of Steel of adults are also not specific therefore the diagnosis is established by process of elimination.

Treatment of a disease of Steel

For many years treatment of a disease of Steel was symptomatic. Studying of a pathogeny of a disease formed a basis for development of new approaches to treatment, first of all, of use of antagonists of interleukin (IL)-1 and receptors of SILT-6.

Mechanisms of effect of the genetically engineered biological drugs (GEBD) now in use include inhibition of cytokines, interleukins and T-cells and also a depletion of V-cells. Originally GIBP were applied mainly to treatment of refractory options of a disease of Steel that gave the chance to refuse long use of high doses of glucocorticoids or cytostatic drugs. Now GIBP found broad application in rheumatological practice.

Treat to this group of medicines:

1. Etanercept. Provides increase in transport of leukocytes in the center of inflammatory process thanks to what the immune response amplifies.
2. Anakinra. Has an inhibiting effect on Interleukin-1. As a result of it there is impossible an activization of cells of inflammation.
3. Orention. Is choice drug in case of inefficiency of other basic means, in particular the Methotrexate. Quite often use in treatment of children.
4. Aktemra. Neutralizes Interleukin-6 which is one of the main mediators of inflammation. It is used in the form of monotherapy or combined with the Methotrexate.
5. Rituximab. Reduces quantity of lymphocytes, does not allow progressing of inflammatory process.

However, despite the made progress, therapy of GIBP is still not capable to cause full treatment. Besides, GIBP potentially have a number of serious side effects among which there are heavy infections and also a possibility of development of malignant new growths and autoimmune processes. Therefore their use demands careful observation for early detection of heavy side effects.

Spontaneous recovery, transition to a recurrent or chronic form can be an outcome of the disease of Steel. Recovery occurs at 1/3 patients, usually within 6-9 months from the beginning of a disease. Recurrent disease of Steel at 2/3 patients is characterized by emergence of only one attack (aggravation) of a disease which can happen during the period from 10 months to 10 flyings. At an insignificant part of patients the cyclic recurrent course of a disease with the repeated attacks is observed. The heaviest is the chronic form of a disease of Steel proceeding with the expressed polyarthritis leading to restriction of movements in joints. Earlier emergence of symptoms of arthritis is adverse predictive sign.

Among adult patients with Steel's disease the five-year survival is comparable with that at hard currency and is 90-95%. The death of patients can come from consecutive infection, an amyloidosis, a liver failure, disturbances of coagulation, heart failure, a pulmonary tuberculosis, respiratory a distress syndrome.

We represent a clinical example of a disease of Steel of adults. The 19th summer patient with the diagnosis came to rematologichesky office of a city hospital: M 06.1 Disease of Steel which developed at adults: unstable polyarthritis, recurrent papulo-macular rash, febrile likhoradky, limfoadenopatiya, pericardis, dvustoronny pleurisy, high activity, the third aggravation.

At receipt of the complaint to fervescence (38 - 390C), cough with a light phlegm, joint pains (knee, talocrural), rashes on forearms, the general weakness and an indisposition.

Anamnesis morbi: In July, 2016 sharply there were pharyngalgias, fervescence (390C), the general weakness, the moderately severe herpes infection is hospitalized in the center of infectious diseases with the diagnosis (vesicles on lips, mucous a pharynx), written out with recovery.

At the end of October, 2016 (possibly after overcooling) there were a pharyngalgia, evening oznoba which are replaced by a high hyperthermia again. Within 2 days it was treated independently, for stopping of considerable temperature rises of a body (400C) called crew of SMP.

2.11.16 the moderately severe angina follicularis is hospitalized in infectious office with the diagnosis. For 3-4 day of stay in a hospital there were joint pains, muscles of the lower extremities, the menocelis on the front surface of hips which is arising in the evening and passing by the morning. Against the background of antibacterial therapy there passed pharyngalgias, the catarral phenomena, fever remained.

In blood tests – hemoglobin of 148 g/l, leukocytes – 18.6 - 7.0 thousand per micro-liter (stab shift – 14-8%), SOE of 16-20 mm/h, S-jet protein - crops of blood, urine sterile, LE cells are not found, antibodies of HIV are not found, markers of a viral hepatitis (HBsAg, antyVGC) not found, antibodies to ds-DNK – 4.4 ME/ml, AZZP <7.0 pieces/ml, AT to cyclic vimentin – 7.3 pieces/ml.

Due to the keeping febrile fever 17.11 - 23.11.16 low doses of a glucocorticosteroid (Civil Code) (dexamethasone of 4 mg/days) with positive dynamics were entered.

For the second day after an extract the temperature rises of a body, a joint pain, muscles complicating active movements, walking were resumed.

26.11.17 it is hospitalized in rheumatological office. The insignificant swelling, morbidity of the right radiocarpal joint, a defiguration with insignificant restriction of bending in the right knee joint, a painless lymph node in the left submaxillary area (the size 1.0 X 1.2 cm), in blood - leukocytes – 8.6 - 10.0 - 11.0 thousand per micro-liter, п – 15-9%, SOE - 41-44-50-47 mm/h, the ALT hepatic transaminases of 44.7 pieces/l, NUCLEAR HEATING PLANT – 49.7 pieces/l, ferritin of 1793.0 mkg/l, the Russian Federation – 10.8 Meml were noted.

Within 6-7 days of hospitalization – one-two-peak temperature rises of a body 39.3-38.10C, 28.11.16 – not pruritic makulo-papular rash on the flexion surface of forearms, 1.12 - 6.12.16 – recurrent unstable rash on side departments of a stomach, a front povernost of proximal departments of hips, forearms.

The diagnosis of the disease of Steel which developed at adults is exposed. Therapy – Medrolum of 24 mg/days, azithromycin of 500 mg/days (28 days), a methotrexate (MT) of 20 mg (п / j). It is written out with positive dynamics, without fever, articulate, skin syndromes.

In May, 2017 full cancellation of group of companies, MT dose decline up to 15 mg/week. At the end of August, 2017 – MT of 10 mg/week.

In the middle of September, 2017 – continuously recurrent unstable skin rashes, in blood tests – without leukocytosis, increase in level of ferritin.

In the middle of November, 2017 – pharyngalgias, fervescence, joint pains within 2-3 days.

19.11.17 – purulent quinsy is hospitalized in the center of infectious diseases with the diagnosis. Against the background of antibacterial therapy there passed pharyngalgias, temperature. For the second day after an extract – a recurrence of fever, joint pains (pain and swelling of the right ankle joint, diffusion hypostasis of the II finger of the right foot, pain in the left knee joint, morning general constraint. In blood test – ferritin – 562.8 ng/ml, At to ds DNK 8.2 ME/ml, AT to AG SS-A/Ro-2.1 ME/ml.

30.11.17 – repeated hospitalization in rheumatological office, at receipt the body temperature 37.00C, on shoulders, a proximal part of hips – a menocelis of saturated pink color, a painful cervical lymph node of 2x1 cm in size on the right. Tendovaginitis of medial department of the right ankle joint, insignificant swelling of the back of the right foot, morbidity of the left knee joint.

In blood - leukocytes – 9.5 thousand per micro-liter, SOE of 6-12 mm/h, ANF 1:160, SRB – 132 mg/l. 7 – 8.12.17 – emergence of the painful increased cervical lymph nodes. It is advised by the hematologist: given for a general disease of blood it is not revealed. In therapy – the dose of group of companies – to 6 таб / days, by MT of 20 mg/week is increased.

After an extract satisfactory condition remained, there passed joint pains, rashes, did not note limfoadenopatiya, therapy – MT of 20 mg/week, a slow dose decline of group of companies.

At the beginning of May, 2018 – the herpes infection which was the cause for temporary cancellation of a methotrexate. 27.05.18 – after the daily use of cold products (ice cream) pharyngalgias, fever 380C appeared.

29.05.18 – 5.06.18 – there was in infectious office with the diagnosis catarral quinsy. After an extract – a fever recurrence, appearance of cough with a phlegm, a menocelis on the internal surface of forearms. SRB – 59.75 mg/l, ferritin – 1088.0 ng/ml (6.06.18). It was treated at the place of residence with the diagnosis a tracheobronchitis (сумамед 500 mg/days (No. 6).

11.06.18 – in connection with the expressed fever, cough, joint pains (knee, talocrural) crew of SMP it is brought to reception of a city hospital. In blood – leukocytes – 18.0 thousand per micro-liter, p-19%, clinical, radiological data for pneumonia are not revealed. It is hospitalized for control of a state and correction of therapy.

Anamnesis vitae: Tuberculosis, a viral hepatitis denies. In the teenager age had gastritis. Studenka of medical college. She is not married, there are no children. Menstrual function is kept. Denies addictions. Allergoanamnez without features. Hemotransfusions were not.

Status presens objectivus: The general moderately severe state, body t – 38.50C, excess food. Integuments of usual coloring, on the internal surface of forearms – a menocelis of pink color. Striya on shoulders, hips, a front wall of a stomach of claret color. Lymph nodes are palpated painful cervical (on a back-side surface 1.6 x 0.5 cm on the

right). Morbidity of ankle joints. There is no ChDD – 18 in a minute, breath in lungs vesicular, rattles. A rhythm of warm reductions correct, 110 in a minute, the ABP of 110-70 mm Hg. Language is dryish, it is densely imposed with a plaque (a white plaque on a root, edges, a dense yellow plaque – on the average line). The stomach is soft, painless, bottom edge of a liver – 1 cm from under edge of the right costal arch. Independent chair. Urination is free, painless.

The conducted examination:

1. General blood test

Date Ayr h1012 Nv, Leyk CPU g/l h109 E P S of M L thrombocytes of SOE, mm/h

16.06 4,2 128 0,90 14,0 11 76 10 3 240 000 42

22.06 3,9 114 0,87 8,4 2 5 71 20 2 202 000 46

2. RW – negative (16.06.18), HBsAg, antyVGC – to deny (22.06.18).

3. Biochemical analysis of blood

16.06 22.06 Norm

Crude protein of g/l of 67.0 60-87 g/l

Creatinine, µmol/l of 86 M – 53 - 97.0

-44-80 µmol/l

Urea, mmol/l of 5,7 1,7 - 8,3 mmol/l

Uric acid, µmol/l of 403 M - 202 – 416

– 142 – 339 µmol/l

Bilirubin the general, µmol/l 9.8 To 17.0

ALT, Piece/l of 67.3 65.2 M – up to 40 pieces/l

– up to 31 pieces/l

NUCLEAR HEATING PLANT, Piece/l of 81,7 110,4 M – up to 37 pieces/l

– up to 31 pieces/l

Cholesterol, mmol/l 5.96 <5.17 mmol/l

Glucose, mmol/l of 8,0 4,2-6,4 mmol/l

Calcium of 2.02 - 2.6 mmol/l

SRB 40 Up to 5 mg/l

The Russian Federation otritsa of otritsa Up to 14.0 Meml

Ferritin, mkg/l of 20-250 mkg/l

4. In crops from a pharynx are allocated – neisseria spp sensitive to levomycetinum, doxycycline, a tsefapin, Vancomycinum, a klaritromitsin.

5. The general analysis of urine - without pathological changes.

ECG – a sinoatrial rate, 93 in a minute, an electrical axis of heart normal, incomplete blockade of PNPG.

ECHO (20.06.18). Diameter of an aorta – 2.5 cm. Walls of an aorta are not changed. Shutters of joint stock company are not changed. Opening of joint stock company – 1.9 cm. LP cavity – 3.1 cm. Shutters of MK not of treason. KSR of-3.32 cm, KDR – 4.72 cm. MZhP thickness – 0.77 cm. ZS LZh thickness – 0.74 cm.

FV – 57%, the mass of a myocardium of LZh-124. The right auricle is not expanded. PZh – 1.8 cm. Disturbances of local contractility are not revealed. An additional chord in the field of LZh top.

Doppler Echocardiography : speeds of streams on joint stock company – 0.6 m/s, on MK – Ve-0.84 of ms, m/s Va-0.62, in output department – 0.84 m/s. Regurgitation streams: on LA - 1 St, on shopping mall – 1 St. Conclusion: Atypical location of intracardial structures.

X-ray analysis of bodies of a thorax (11.06.18). Pulmonary fields air, the pulmonary drawing is strengthened, deformed. Roots of lungs unstructured, are condensed. Sine, domes of a diaphragm are traced. Lengthening of an arch of LZh, easy protrusion of the II arch (LA) on the left contour. An aorta without features. Conclusion: Chronic bronchitis.

Multispiral computer tomography (MSKT) of bodies of a thorax (22.06.18). MSKT-of data for pneumonia, specific process, or a volume patolgichesky new growth in a zone of a research is not received. Bilateral pleural exudate of the minimum volume. Small pericardiac exudate. It is moderated the expressed mediastinal limfoadenopatiya.

Ultrasonography of abdominal organs (27.06.18). Sizes of the right hepatic lobe: Mm KVR-140, mm thickness-120. Sizes of the left share: KKR - 51 mm, thickness - 38 mm. Contours are equal, accurate. Hepatic corner of the left share of a straight line, parenchyma uniform, homogeneous, coarse-grained. The vascular drawing is kept. Diameter of NPV-is 15 mm, a portal vein – 7 mm, a splenic vein – 4 mm.

The gall bladder is located in the typical place, oblong shape, the expressed excess in a neck body cover, the sizes of 80 x 33 mm is noted. Walls of a gall bladder are visualized, thickness of 3 mm. In a gleam – lubricant, signs of stagnation, sand, concrements with a diameter of 4 mm. Holedokh is visualized, the gleam him is not expanded. Pancreas contours equal, accurate, a parenchyma non-uniform, not homogeneous, echogenicity is increased, the sizes – a head – 17 mm, a body – 15 mm, a tail - 15 mm. Sizes of a spleen 115 x 33 mm, contours equal, accurate, echogenicity average, structure uniform.

Conclusion: Diffusion changes of a parenchyma of a liver, pancreas. Calculous cholecystitis.

Ultrasonography of kidneys (18.06.18). The topography of a left kidney is not changed, the right kidney is lowered. Contours of kidneys equal, accurate, continuous, form oval. Sizes of kidneys: right – 104 x 40 mm, left – 105 x 40 mm. A parenchyma of kidneys uniform, homogeneous, the echogenicity increased renal sine hyper echoic,

parenchyma thickness on the right – 16 mm, at the left - 15 mm. The pyelocaliceal system is not expanded. Are not expanded Lokhaniki. Mikroita of kidneys with a diameter of 2 mm.

Conclusion: Diffusion changes of a parenchyma of kidneys. Right-hand nephroptosis.

Ultrasonography of bodies of a small pelvis (6.06.18). Ekho-patolgii at the time of survey it is not revealed.
Consultation of the gynecologist. There are no data for gynecologic diseases.
Consultation of the stomatologist. Needs sanitation of an oral cavity.
Consultation of the phthisiatrician. (22.06.18). The diaskintest is negative. There are no data for an active pulmonary tuberculosis. Is not subject to tubercular accounting.

In view of the recurrent nature of a disease, lack of effect of standard basic antiinflammatory therapy (Methypredum of 7 mg/days, a methotrexate of 20 mg/week), existence of complications of therapy in the form of a steroid syndrome of Cushing, increase in level of hepatic transaminases, nausea and vomitings within 3 days after parenteral administration of a methotrexate, emergence of reliable (KT) signs of systemic lesion – the bilateral pleural exudate, a pericardiac exudate are exposed indications to purpose of therapy by blocker ФНО-α – etanertsepty (the drug "Enbrel" of 50 mg, п / to, once a week).

In office treatment is carried out: Methypredum of 250 mg (in / в-кап) No. 3, Methypredum 1 ¾ таб / days, лефлокбакт (levofloxacin) of 100 ml 2 times a day (in / в-кап), клатритромицин 1000 mg/days, to ksefoka of 8 mg/days, Enbrel of 50 mg, п / to (26.06.18).

The condition of the patient improved. It is written out with recommendations: restriction of exercise stresses, an exception of contact with patients infectious diseases, control of OAK, OAM, ALT, NUCLEAR HEATING PLANT, bilirubin, albumine, SRB - 1 time in 4 weeks, control of level of ferritin – 1 time in 3 months, administration of drugs:

• Methylprednisolonum ("Methypredum", "Medrolum") of 4 mg on 2 таб. once a day, in the morning after a meal

• A methotrexate (Metotreksat-Ebeve, Metodzhekt, Metartrit) 20 mg/week (п / j) in a certain day of the week - Wednesday

• Folic acid of 1 mg on 2 tablets once a day

• D3 calcium Nikomed forte on 1 t 2 times a day (a lunch evening, at meal time), are long

• Phosphogliv on the 2nd cap 3 times a day – 3 months

• Vegetable uroseptik – dogrose broth, a leaf of cowberry, bearberries, paste "Phytolysinum", "Kanefron" - for 5-6 days of every month

CONCLUSION:

Thus, Steel's disease represents the rare general disease which does not have enough pathognomonic signs. However the available clinical symptoms which are found at a large number of diseases – fever, arthralgias and skin rashes, have the certain features allowing to assume, and subsequently and to confirm the diagnosis of a disease of Steel of adults.

The patient has a disease debut from the inflammation in a throat reminding quinsy. Fever was followed by appearance of rash, characteristic of a disease. Rash developed and fever disappeared also suddenly and independently, as well as. Rash carried spotty папуллезный character with typical localization – skin of extremities, trunks, a neck.

At the patient both small joints of brushes and feet, and large were affected.

The lymphadenopathy, hepatomegalia reflecting infiltration of fabrics the cells participating in inflammation and also increase in immune activity of the most reticuloendothelial system was noted.

Laboratory deviations included: neutrophylic leukocytosis, increase in SOE, SRB, increase in level of hepatic transaminases, giperferritinemiya.

It is important to remember that Steel's disease – the diagnosis of an exception what means very broad differential and diagnostic search including viral and bacterial infections, malignant processes, general diseases of connecting fabric, vasculites, periodic syndromes, etc. The shown clinical case confirms that, despite the low frequency of occurrence, Steel's disease should not drop out of differential and diagnostic search of the doctor.

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