

- ✓ Onset before 5 year old
- ✓ Male
- ✓ Autoinflematory
- ✓ Familial predominance
- ✓ Poly genetic
- ✓ Innate immune system
- ✓ Familial cluster
- ✓ Association with FMF

pathogenesis

- ✓ Proinflammatory cytokines
- ✓ Inflammasome-related pathway
- ✓ Tonsillar microbiome
- **√** IL-6
- ✓ IFN-Y
- ✓ TNF-a
- ✓ 1L-12p70
- ✓ Lower IL-4

Clinical Manifestations

- ✓ Onset before 5 year old
- ✓ clock-like
- ✓ every 28 days
- ✓ lasting around 5 days
- ✓ healthy between episodes
- ✓ normal growth
- ✓ Malaise
- ✓ chills
- ✓ fatigue

Clinical Manifestations

- ✓ Fever
- ✓ Cervical adenitis
- ✓ Pharengitis
- ✓ Aphtous ulcers
- ✓ Gastrointestinal symptoms
- ✓ Arthralgia
- ✓ Myalgia
- ✓ Skin rashes
- ✓ Neurologic symptoms
- ✓ Cough
- ✓ Coryza



Adults with PFAPA

- ✓ Onset aproximatly at 20 year old.
- ✓ Intervals between episodes 5 w
- ✓ longer period of fever
- ✓ Arthritis
- ✓ Ocular symptoms
- ✓ Headache
- ✓ Myalgia
- ✓ Overlap with oder periodic fever syndroms

Laboratory tests

- ✓ Not spesefic diagnostic test
- ✓ Lokocytosis
- ✓ ESR
- ✓ CRP

diagnosis

- ✓ Regulary recurring fever (>38.3)
- ✓ Early age of onset
- Constitutional symptoms
- ✓ Aphthous stomatitis
- Cervical adenitis
- ✓ Pharyngitis
- ✓ Exclude :
 - ✓ Cyclic neutropenia
 - ✓ Other periodic fevers

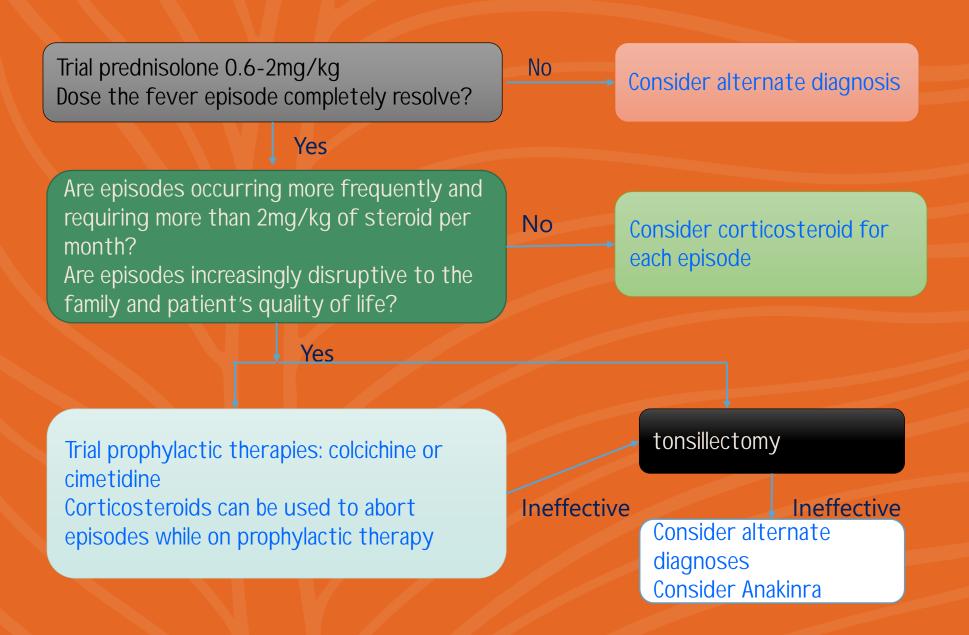
Diffrential diagnosis

- ✓ Recurrent infections
- ✓ Early onset IBD
- ✓ Malignancy
- ✓ Cyclic neutropenia
- ✓ Monogenic fever syndromes

treatment

- ✓ Corticosteroids
- ✓ Cimetidine
- ✓ Colchicine
- ✓ Montelukast
- ✓ IL-1 blocking agents
- ✓ Tonsillectomy

Algorithm for treatment



Outcome / prognosis

Episodes resolved after 6-10 years

Pyogenic arthritis Pyoderma gangrenosum and Acne (PAPA)



- ✓ Autosomal dominant autoinflammatory
- ✓ PSTPIP1
- ✓ Overproduction of IL-1β
- ✓ Male = female
- ✓ Onset in early childhood



Clinical manifestations

- ✓ Constitutional symptoms

 - ✓ Fever not typic
 - ✓ Sterile pyogenic arthritis
 - ✓ Multifocal sterile osteomyelitis
 - ✓ Pathergy
 - ✓ Putule formation
 - ✓ Sterile abscess
 - ✓ Recurennt episodes of pyoderma gangernosum
 - ✓ Nodules / papules / pustules
 - ✓ Cystic acne
 - ✓ Psoriasis / rosacea / hidradenitis







Laboratory tests

- ✓ Anemia
- ✓ High ESR
- ✓ Normal WBC
- ✓ Absent of autoantibodies
- ✓ Synovial fluid:
 - ✓ Cloudy
 - Seropurulent or purulent
 - ✓ High neutrophil count
 - ✓ Without microorganism
- ✓ Synovial biopsy: polymorphonuclear infiltrate
- ✓ Pyoderma gangrenosum :
 - ✓ pan-dermal neutrophilic infiltrates
 - ✓ Abscess formator
 - ✓ Matrix degeneration
 - ✓ Necrotic areas



Laboratory tests

- ✓ Leucocytoclastic vasculitis
- Cyctic acne :
 - ✓ Distended follicles
 - Cyctic spaces and follicular opening filled
 - ✓ Keratinaceous debris.
 - ✓ Abundant bacteria



diagnosis

- ✓ Pathergy
- ✓ Pyoderma gangernosum
- ✓ Severe acne
- √ Family history
- ✓ Genetic test



Differentioal diagnosis

- ✓ Septic arthritis
- ✓ CNO
- ✓ SAPHO syndrome
- ✓ IBD
- ✓ PAAND



treatment

- ✓ Prompt therapy
- ✓ Intraarticular steroid in ection
- ✓ Corticosteroid
- ✓ Retinoid
- ✓ Anakinra
- ✓ Canakinumab
- ✓ Etanercept
- ✓ Infleximab
- ✓ Adalimumab
- ✓ Golimumab



Prognosis

- ✓ Joint contracture / reduced mobility
- ✓ Ankylosis
- ✓ Joint destruction
- ✓ Cutaneous manifestation
- ✓ Scarring
- ✓ Pain
- ✓ Growth retardation
- ✓ Psychosocial impairment
- ✓ Depression



