Oral Presentation

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Identification

3 year-old, mullato, Brazilian boy

First appointment:
May/06/2010

Main complaints :
Fever, pallor and skin lesions since 3 months of age

History :
Persistent daily fever (39^{o}C) since 3 months of age, associated with pallor, apathy, irritability and failure to thrive. In addition, he presented erythematous cutaneous lesions initially over the face, progressing to trunk, abdomen, arms and legs.

Family history:
Parents were first-degree cousins
Single child
No similar cases in the family

Physical examination

Positive findings:

- Dysmorphic face (saddle nose, thicker lips, undefined filter, lipodistrophy)
- Multiple indurated erythemato violaceous skin lesions
- Periorbital and limb swelling
- Subcutaneous nodules
- Lymphadenopathy
- Hepatosplenomegaly
- Bony overgrowth of PIP joints and knees
- Limping gait

May 10

Laboratory findings

	May 10	**Nov 10**	**Fev 11**
Hb / Ht	**7 g/dl/ 23%**	**9 g/dl/ 29%**	**8,3 g/dl/ 27%**
WBC	6 400/µL	**3 000/µL**	**3 300/µL**
Lym	**1 472/µL**	**1 080/µL**	**1 452/µL**
Plat	216 000/µL	206 000/µL	302 000/µL
CRP	16,9 mg/dl	6,48 mg/dl	--
ESR	**62 mm**	**40 mm**	**58 mm**
LDH	1045 U/L	--	--
Ferritin	899 ng/ml	--	--
IgG	**2 250 mg/dl (>p97**)	--	--
IgA	297 mg/dl (>p97)	--	--
IgM	149 mg/dl (>p97)	--	--
AST/ALT	**25/06**		
FA/GGT	**574/93**		

Laboratory and biopsyf indings

- Negative autoantibodies
- Investigation for virus (CMV,EBV, HERPES,PARVOVIRUS), bacteria (blood, urine and liquor culture) and fungus infection was negative
- Inborn errors of metabolism were discarded

Skin biopsy:
Dermal histiocytic infiltration associated with some mononuclear cells. Immunofluorescence CD 68+

Liver biopsy:
Mild fibrosis peri central vein and microgoticular steatosis

Previous diagnosis

- Jul 2008

First diagnosed as Sweet's síndrome in another centre, received corticosteroid and dapsone for 16 months, with no improvement

- Nov 2009

The diagnosis was revised, and NOMID (Neonatal Onset Multisystem Inflammatory Disease) hypothesis was made. Methotrexate was associated to the treatment for 6months, without any improvement.

Follow up

- May 2010- First appointment at our service.
- Aug 2010- After thalidomide was introduced, fever and edema improved; no new cutaneous lesions appeared.
- Feb 2011- Due to drowsiness and appearance of new lesions, thalidomide was changed for colchicine
- Mar 2011- patient did not return to our centre
- June 2012- we received the information that this boy had died at 4 years old in march 11, after a sudden episode of vomiting and seizures.

Genetic analysis

- Jan 2011:
  CIAS1 gene: no mutations on exons 1 to 9

"Hereditary autoinflamatory syndromes: a Brazilian multicentre study"- Jesus AA *at all*

- March 2012:

PSMB8 gene : homozygous T75M mutation
performed at NIH Lab for Adriana de Jesus, MD

- Final diagnosis:

CANDLE syndrome (Chronic Atypical Neutrophilic Dermatosis with Lipodystrophy and Elevated Temperature).

Questions to the audience

How can we treat a patient with undefined autoinflammatory syndrome without genetic study?

What else could be used to treat this patient?

Thank you