IMAGE ARTICLE

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SACROILIITIS, PSORIASIS, OTOIMMUNE HEPATITIS AND LEUKOCYTOCLASTIC VASCULITIS IN FAMILIAL MEDITERRANEAN FEVER

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Familial Mediterranean fever (FMF) is characterized by recurrent attacks of fever and serositis or erysipelas-like erythema. Most patients with FMF experience their first attack in early childhood (1).

A 27-year-old male patient, diagnosed with FMF, has been followed up with colchicine treatment for 15 years. Four years ago, sacroiliitis (Figure 1) was detected and adalımumab treatment was added. During follow-up, the patient had widespread papulosquamous rashes on the palms, soles and scalp and biopsy results were compatible with pustular psoriasis. Adalimumab treatment of the patient who was thought to have paradoxical psoriasis was stopped and secukinumab was switched. The liver biopsy of the patient with elevated transaminases was compatible with autoimmune hepatitis and azathioprine was added to the treatment. The patient presented with diffuse palpable purpura in the lower extremities and the biopsy result was compatible with leukocytoclastic vasculitis (Figures 2, 3). Immunofluorescence examination revealed no immune complex deposits (IgA, C3). The patient who could not tolerate anakinra added to the treatment was controlled with canakinumab.

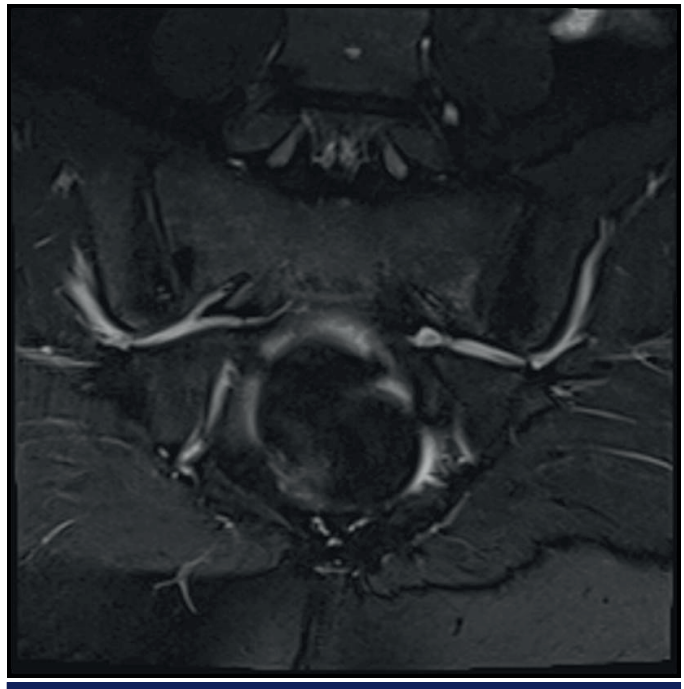

Figure 1. Osteitis on both joint surfaces on sacroiliac MR T2 image
MR: Magnetic resonance

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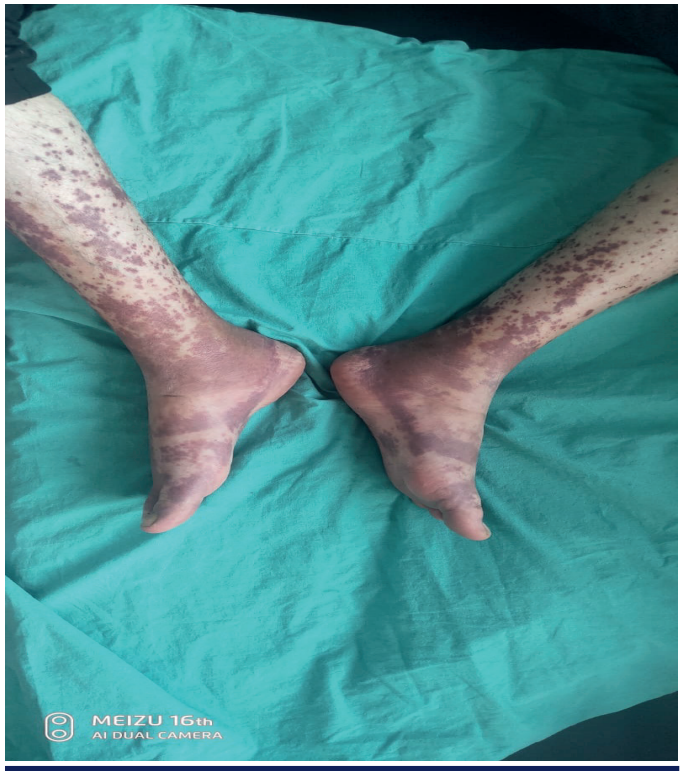

Figure 2. Palpable purpura in the lower limbs

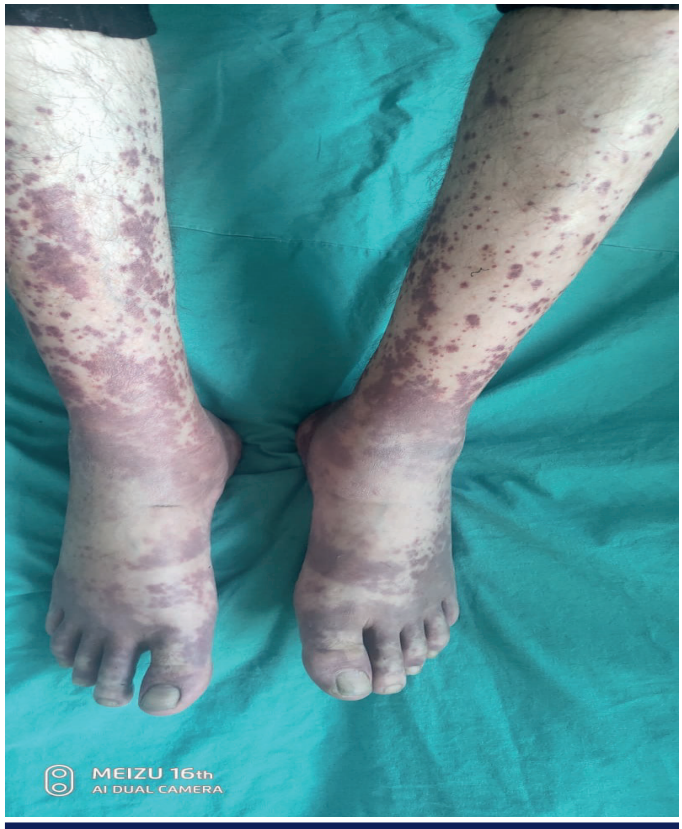

Figure 3. Palpable purpura in the lower limbs

Ethics

Informed Consent: Patient consent was obtained.

Peer-review: Externally peer-reviewed.

Authorship Contributions

Surgical and Medical Practices: S.P., Concept: B.E., Design: S.P., Data Collection or Processing: B.E., Analysis or Interpretation: B.E., Literature Search: S.P., Writing: S.P.

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