

Management of Fever of Unknown Origin: A Practical Approach

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Summary

Since the classical description by Petersdorf and Beeson in 1961, the classification of FUO has changed considerably. The earlier description defined a picture which is characterized by fever of 38,3 °C persisting more than 3 weeks with no diagnosis established after at least 1 week of intensive investigation. Currently at least three more diagnostic categories have been added to the previous definition: nosocomial FUO, immunodeficiency-related FUO and HIV-related FUO. In addition, the clinical picture in the elderly patients is usually different than the younger ones and this also adds to the classification of the syndrome. If one compares the literature reporting on patients with FUO, infectious diseases and the collagen tissue disorders are the leading diagnosis closely followed by various malignancies. No guidelines or evidence-based recommendations exist for the management of patients with FUO with the exception of febrile neutropenic patients for whom several evidence-based recommendation for the management are available. With the advent of medical technology (e.g. CT scan, MRI, PET, etc), use of surgical exploration of the abdomen which used to be one of the most important diagnostic approaches in patient with FUO has been diminished. Prognosis depends on the underlying pathology and the age of the patient being worse in the elderly and in patients with cancer. Delay in diagnosis is related with a worse outcome. Those patients without a diagnosis despite extensive evaluation usually defervesce within or later than 4 weeks after initiation of diagnostic studies without a sequela with a five-year mortality of 3.2%.