

P0050

Paper Poster Session

Novel diagnostics for viral hepatitis

Prolonged fever in adults : clinical and biological study

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Background: Several studies have been published regarding the prolonged fever (PF), however, (PF) still pose a problem requiring careful etiological diagnostic approach Our present study aims to

to clarify the clinical and biological profile and etiologies of FP adults

Material/methods: A descriptive retrospective study of patients admitted in the infectious disease department of the fattouma bourguiba university hospital in Monastir (Tunisia) for prolonged fever between 1 st Janury 1996 to 31 December 2014.

We included patients with fever ≥ 38 C for more than 2 weeks.

Results: During our study, 216 patients were collected. They were 112 male (51,8%) and 104 female (48,1%). The mean age was 43 years (13-85 years).

Contact with animals were noted in 59 cases (27.3%) and tubercular contagion. in 3 cases (1.4%). A preceding antibiotic taken to hospitalization was noted in 93 cases (43.1%).

Fever was isolated in 19 cases (8,8%). The most frequently associated signs were arthromyalgia (n = 89, 41.2%), impaired general condition (n = 82.38%), cough (n = 67, 31%) and headache (n = 63, 29.2%).

In biology, there was leukocytosis in 65 cases (30.1%), CRP> 30mg / L in 140 cases (64.8%) and hepatic cytolysis in 74 cases (34.3%).

The viral serologies were positive in case 9/125 (7.2%) and bacterial serology in 62/131 cases (47.3%). Imaging showed abnormalities in case 100/175 (57.1%).

Immunological abnormalities were noted in 8/77 cases (10,4%).

The etiologies were infectious in 169 cases (78.2%) (bacterial in 105 cases (62.1%), viral in 62 cases (36.6%) and parasitic in 2 (1.3%), inflammatory in 24 cases (11.1%), malignant in 15 cases (6.9%) and unexplained in 4 cases (1.8%). An artificial fever was noted in 4 cases (1.8%).

After an etiological treatment, the outcome was favorable in 181 cases (83.8%). A persistent fever was noted in 28 cases (13%). Finally Six deaths were recorded (2.8%)

Conclusions: Infections are most frequently responsible for FP. Meanwhile, a complete evaluation is needed to eliminate inflammatory and neoplastic etiologies