



## POSTER PRESENTATION

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# Acute phase reactants in the follow-up of patients with FMF

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From 8th International Congress of Familial Mediterranean Fever and Systemic Autoinflammatory Diseases Dresden, Germany. 30 September - 3 October 2015

## Introduction

Familial Mediterranean Fever (FMF) is the most common periodic fever syndrome. FMF characterized by recurrent fever, serositis attacks and chronic subclinical inflammation in attack-free periods.

## Objective

The aim of this study was to evaluate the relevance of acute phase reactants (APR) in FMF and to determine their correlation with each other during attacks and attack-free periods.

## Methods

Twenty-three children diagnosed as FMF according to the previously published criteria and followed-up at the Pediatric Rheumatology Clinic of Hacettepe Children's Hospital were enrolled in the study. The erythrocyte sedimentation rate (ESR), C reactive protein (CRP), white blood cell (WBC) count, platelet count, and serum amyloid a (SAA) were tested in the patients during an attack and in-between attacks.

## Results

There were 9 male and 14 female patients. Tests were performed in 11 patients with an attack and in 12 without attacks. All patient had homozygous or compound heterozygous FMF-associated mutations. ESR, CRP, WBC, SAA were statistically significantly higher in patients with an attack (respectively  $p < 0,001$ ,  $p < 0,001$ ,  $p = 0.03$ ,  $p = 0,003$ ). Highly significant and perfect correlation was found between SAA and CRP in patients with attack ( $r = 0,939$ ,  $p < 0,001$ ).

There was a significant correlation between the number of attacks in the last 6 months and SAA in the

patient with attack-free periods ( $r = 0,746$ ,  $p = 0,005$ ). There was no other significant correlation.

## Conclusion

CRP and SAA levels correlated with each other during the FMF attacks. SAA is important to identify subclinical inflammation in FMF patients when other APRs were normal.

Published: 28 September 2015

doi:10.1186/1546-0096-13-S1-P115

Cite this article as: Arıcı et al.: Acute phase reactants in the follow-up of patients with FMF. *Pediatric Rheumatology* 2015 **13**(Suppl 1):P115.

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