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Management of Still Disease in Physical Medicine and Rehabilitation

Topic: Rehabilitation Across the Continuum of Care

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BACKGROUND

Adult-onset Still's disease (ASD) is a rare systemic auto-inflammatory syndrome of unknown origin, which does not appear to run in families. It predominantly affects young adults. It typically presents with febrile spikes, arthritis, evanescent skin rashes, sore throat and lymphadenopathy. Leukocytosis with neutrophilia, very high ferritin levels and disturbed liver tests are common. However, none of these manifestations is specific and, despite the development of various classification criteria, the diagnosis of MSA remains one of elimination.

CASE DESCRIPTION

We report the case of a 24-year-old woman diagnosed with still's disease. On clinical examination, she presented with limited joint amplitude, with dorsal flexion of the right foot limited to 0° and of the left foot to 10°, as well as limited extension of both wrists. Muscular strength is preserved. Bilateral sunken feet and toe claws were also noted. Despite this, the patient was able to walk.

Physical and Rehabilitation Medicine (PRM) treatment consisted of regular motor rehabilitation, combined with the prescription of insoles for the sunken feet and orthoses for the wrists.

DISCUSSION

Adult-onset Still's disease is a rare systemic disorder that differs from the systemic form of juvenile arthritis in that it affects adults aged between 16 and 35, with a preponderance of women. Patients typically present with a triad comprising a highly febrile state, an evanescent cutaneous rash and joint symptoms. Leukocytosis with neutrophilia and very high ferritin levels are frequently found, despite the presence of anemia. The diagnosis of MSA can only be made after ruling out an infection, a neoplastic process or a classic systemic disease. Comprehensive, multidisciplinary management is essential for this rare, highly pleomorphic disease, which requires long-term treatment and monitoring. The various healthcare professionals involved. Physical and Rehabilitation Medicine is involved, in particular through physiotherapists and occupational therapists, who are essential in the management of chronic joint damage, contributing to physical re-education and improving patient mobility.

CONCLUSION

MSA is a rare disease requiring multidisciplinary management. Corticosteroids are the first-line treatment, with biologics for resistant cases. The PRM doctor evaluates pain and functional deficits, coordinating treatment to improve quality of life. Despite severe symptoms, the overall prognosis is typically favorable

Statement of Disclosures

None

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