Abstract for 2018 Annual Combined Northern and Yorkshire Rheumatology Meeting

Fevers and Liver Disease - **Systemic Involvement in Axial Spondyloarthritis or something else altogether?**

Dr Jessica Weightman[1], Dr Jessica Dyson[2] , Dr Ben Thompson[1]

Department of Rheumatology[1] and Gastroenterology and Liver Unit[2]

Freeman Hospital, Newcastle Upon Tyne

Introduction:

Spondyloarthritidies (SpA) often have extra-articular manifestations or associated autoinflammatory conditions such as inflammatory bowel disease. Cases of associated liver disease in the literature are often thought to be the result of drug treatment; either with conventional disease modifying anti-rheumatic drugs or newer biologic agents.

We present a case of a patient with deranged liver function tests and systemic features of unclear aetiology who, after treatment for Axial Spondyloarthritis, had significant improvement in her clinical condition and liver function tests.

Clinical Case:

A 42 year old female patient of Greek origin was referred to Rheumatology following an inpatient MRI. She had been extensively investigated over the preceding years for deranged liver function tests and elevated inflammatory markers. This had previously been attributed to secondary biliary cirrhosis post-cholecystectomy. She was known to have portal vein thrombosis, oesophageal varices and splenomegaly. However, she developed recurrent pyrexia, abdominal and mediastinal lymphadenopathy and a right-sided pleural effusion. Extensive investigation, including liver biopsy, could not confirm a unifying diagnosis for her symptoms. An MRI performed to exclude disciitis as a cause of her pyrexia revealed sacroilitis and extensive spinal inflammatory changes consistent with Axial Spondyloarthritis.

Management:

She was commenced on high dose steroids (Prednisolone 40mg daily) by Rheumatology with almost immediate improvement in her inflammatory markers, pyrexia, back pain and stiffness. These symptoms recurred when the dose was reduced below 10mg daily. She was then commenced on Adalimumab which enabled her to reduce and discontinue steroids, maintaining normal liver function tests.

Discussion:

The clinical and biochemical improvement on steroids would support an underlying inflammatory process however no definitive primary hepatic pathology was identified on autoantibody testing or liver biopsy.

Patients with Spondyloarthritis can experience fever as a feature of active disease. However, there are few reports of widespread reactive lymphadenopathy, pleural effusion or hepatic involvement. This patient was extensively investigated to exclude other underlying aetiology, including haematological malignancy, genetic and metabolic conditions and infection. We would encourage discussion regarding the suitability of SpA as an overarching diagnosis for this lady, and whether other diagnostic possibilities should be considered.