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STILL'S DISEASE WITH LYMPHADENOPATHY SYNDROME: DIFFICULTIES IN DIAGNOSIS AND DIFFERENTIAL DIAGNOSIS

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Abstract. Still's disease is a systemic disease of unknown etiology with fever resistant to antibiotic therapy, arthralgia (less often arthritis), myalgia, lymphadenopathy, skin rash in the form of macules and papules, neutrophilic leukocytosis, increased erythrocyte sedimentation rate.

Differential diagnosis is more often carried out with viral hepatitis with systemic manifestations, systemic lupus erythematosus, rheumatoid arthritis, infections. Still's disease is a diagnosis of exclusion, given the polysystemic nature of clinical symptoms, the absence of specific laboratory diagnostic markers of the disease. Lymphadenopathy in Still's disease is a minor diagnostic criterion.

At the onset of the disease, there may be difficulties in differential diagnosis with diseases with lymphadenopathy syndrome.

Key words: Still’s disease, clinical symptoms, lymphadenopathy, diagnostic criteria, differential diagnostic.

Still's disease is a systemic inflammatory disease with a positive effect after the administration of glucocorticoids, normalization of temperature, and improvement of clinical symptoms. Young people aged 18-35 are more likely to get sick. [1, p. 7]. *Fever* is more often 39 ° C and higher without response to the use of antibacterial drugs, to the relief of febrile temperature against the background of a course of treatment with glucocorticoids.

The rash is located on the skin of the trunk, shoulders, thighs, less often on the

face, in the form of pink macules and papules. *Arthralgias / arthritis* are an important and characteristic symptom of Still's disease.

The pain is especially pronounced at night with various localization. Arthritis occurs much less frequently. Arthralgia and myalgia increase at the height of the fever [2, p. 936].

Lymphadenopathy is a minor diagnostic criterion for Still's disease, however, difficulties may arise in differential diagnosis with lymphadenopathies in other diseases. More often the cervical lymph nodes are affected, which are mobile and painless on palpation.

Cytological, histological, immunohistochemical studies of biopsy specimens of lymph nodes are not very informative.

The results of these methods are not included in the large and small diagnostic criteria for Still's disease and can be used in comorbid patients while the patient has lymphadenopathy of a different etiology. Splenomegaly is observed in almost half of patients, hepatomegaly - in 1/4 of cases.

Sore throat is often of a burning character with visual catarrhal manifestations of pharyngitis. Increases at the height of the fever. *Pulmonary-cardiac* symptoms are determined. Characterized by pleural pain with dry pleurisy, cough with pneumonitis, shortness of breath with exudative pleurisy and pericarditis.

Laboratory diagnostics. Determined by neutrophilic leukocytosis, a significant increase in the erythrocyte sedimentation rate, thrombocytosis. The blood contains high levels of acute phase proteins (C-reactive protein, fibrinogen, ferritin, and others).

Anemia, hypoalbuminemia, increased alanine and aspartic transaminases can be determined [3, p.609]. *Specific laboratory markers for Still's disease have not been identified at this time.*

Criteria for the diagnosis of Still's disease (Yamaguchi et al):Big criteria:

1. fever above 39° C for at least 1 week;
2. Arthralgia lasting 2 weeks or more;
3. typical skin rash;

4. leukocytosis more than 10.0×10^9 / l and more than 80% of granulocytes

Small criteria:

1. sore throat;
2. Lymphadenopathy and / or splenomegaly;
3. mild liver dysfunction;
4. negative rheumatoid and antinuclear factors [4, p. 712].

Still's disease occurs infrequently in clinical practice, however, with late diagnosis, rapid permanent disability is possible. At the onset of the disease, there are often not enough large and small criteria to establish a definite diagnosis. At the onset of the disease, against the background of prolonged fever, lymphadenopathy can be observed, in which it is necessary to carry out differential diagnosis with the exclusion of lymphoproliferative diseases.

When conducting an ultrasound examination of a lymph node in the Doppler mode, it is possible to obtain a conclusion about a change in blood flow in the lymphoproliferative type, which often suggests the need for an aspiration biopsy or excisional biopsy with the study of the entire lymph node with a capsule [5, p. 35].

The study of biopsies of lymph nodes to confirm or exclude Still's disease is impractical and uninformative. Morphological changes in the lymph nodes are not related to large and small criteria of the disease.

Cytological, histological, immunohistochemical methods of examining biopsies of lymph nodes currently do not reveal specific markers in Still's disease.

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