AUCTORES
Globalize your Research

International Journal of Clinical Case Reports and Reviews
Ali Osman AVCI *

Open Access

Case Report

Treatment with Colchicine in an Undiagnosed 45-year-old Female Patient with Diffuse Abdominal and Flank Pain for more than 5 years

Ali Osman AVCI *

Gülhane Askerî Tıp Akademisi, Turkey.

***Corresponding Author:** Ali Osman AVCI, Gülhane Askerî Tıp Akademisi, Turkey.

Received Date: April 11, 2023 | **Accepted Date:** April 21, 2023 | **Published Date:** April 28, 2023

Citation: Ali Osman AVCI, (2023), Treatment with Colchicine in an Undiagnosed 45-year-old Female Patient with Diffuse Abdominal and Flank Pain for more than 5 Years, *International Journal of Clinical Case Reports and Reviews*, 13(4); **DOI:** 10.31579/2690-4861/308

Abstract:

A 45-year-old female patient living abroad has severe abdominal and flank pain that persists for more than 5 years and recurs several times a month. She never had a fever when the pain developed.

For more than 5 years, no pathology was detected in the patient's blood and urine tests, abdominal ultrasound and computed tomography.

Analgesics and antispasmodics used for the patient's pain are not effective at all, and the patient is relieved with narcotic analgesics in every painful attack.

Finally, the patient who came to our hospital with severe abdominal and flank pain was first relieved with narcotic analgesics due to her detailed history, then blood, urine tests and abdominal ultrasound were performed, but no pathology was detected.

Considering the possibility of atypical FMF, colchicine treatment was considered for the patient. With the patient's approval, oral 0.6 mg of colchicine was started 3 times a day and the patient were followed up. At the controls 1 week, 1 month and 3 months later, it was observed that the patient did not have any painful attacks, and no colchicine-related side effects were observed.

FMF not only progresses with painful attacks, but also amyloid A (AA) amyloidosis, which is a fatal complication, can affect the kidneys and cause kidney failure. Therefore, colchicine treatment should be tried before narcotic analgesics in all patients with abdominal and flank pain who have normal examination findings, laboratory tests and radiological imaging findings, and even negative FMF gene analysis.

Key words: autoinflammatory; FMF

Introduction

An autoinflammatory condition known as familial Mediterranean fever (FMF) primarily affects ethnic groups living in the Mediterranean region. Recurrent, self-contained episodes of fever and serositis are features of FMF. Atypical symptoms make diagnosis challenging, which may cause a considerable delay in the start of treatment [1]. Nevertheless, the diagnosis is still reliant on clinical criteria despite advances in our understanding of the mechanisms underlying FMF disease during the previous 15 years [2].

A history of typical acute attacks, ethnic origin, and frequently, a remarkable family history are still used to diagnose FMF. Despite the fact that we have learned a lot in recent years about the clinical characteristics and the etiology of FMF, many unusual cases continue to appear, thus care should be used when making a diagnosis [2].

The most prevalent monogenic periodic fever syndrome, familial Mediterranean fever (FMF), is marked by recurrent fever episodes, serositis, arthritis, cutaneous symptoms, and long-term renal consequences [3]. Some patients do not develop fever at all [4].

Since 1972, colchicine has been the cornerstone of FMF treatment. It lessens attacks, raises quality of life, and guards against amyloidosis [5, 6].

Case Report

A 45-year-old female Turkish patient living in Germany for a long time. She has abdominal and flank pains that persist for more than 5 years and recur several times a month. There was never a fever when developed pain.

We learn from her detailed history that complete urine analysis, complete blood count, ESR, CRP, serum bilirubin levels and liver and kidney function tests are normal in Germany. Abdominal ultrasound and thoracic and abdominal computed tomography cannot detect any pathology. Analgesics and antispasmodics used for the patient's pain are not effective at all and the patient has to relax with narcotic analgesics in every painful attack.

When he came to Turkey for a holiday, the patient, who developed attacks again, came to our hospital with severe abdominal and flank pain. The patient was primarily suspected of renal colic and/or pelvic inflammatory disease, and there were no objective findings in the physical examination. He had no other known disease or treatment. Blood and urine tests and abdominal ultrasound were requested and the patient was relieved with narcotic analgesics without trying any other analgesic and antispasmodic drugs due to his previous disease history. A diagnosis of atypical FMF was considered in the patient whose blood, urinalysis and abdominal ultrasound did not reveal any pathology.

I had a similar patient previously: a 17-year-old male patient, with no symptoms other than abdominal pain, no fever. Even genetic examination for FMF was done and it was negative. The patient, who was started on colchicine treatment, had no pain and no colchicine-related side effects developed.

With the consent of the patient, 0.6 mg of colchicine was started orally 3 times a day and the patient were followed up. At the controls 1 week, 1 month and 3 months later, it was observed that the patient did not have any painful attacks, and no colchicine-related side effects were observed.

Conclusion

Familial Mediterranean fever is a disease characterized by self-limiting attacks of fever and polyserositis, which is commonly seen in people of Mediterranean origin and in Turkey. Although our patient had no symptoms or examination findings other than pain, recurrent episodes of pain and failure to respond to other analgesic and antispasmodic drugs suggested FMF.

Colchicine is widely used in the treatment of FMF. Our patient responded to colchicine treatment. During the 3-month follow-up, the patient had no pain, and no colchicine-related side effects were observed.

FMF not only progresses with painful attacks, but also amyloid A (AA) amyloidosis, which is a fatal complication, can affect the kidneys and cause kidney failure. Since 1972, colchicine has been the cornerstone of FMF treatment. It lessens attacks, raises quality of life, and guards against amyloidosis.

Therefore, colchicine treatment should be tried before narcotic analgesics in all patients with abdominal and flank pain who have normal examination findings, laboratory tests and radiological imaging findings, and even negative FMF gene analysis.

Declaration of conflicting interests

The author declared no conflicts of interest with respect to the authorship and/or publication of this article.

Funding

The author received no financial support for the research and/or authorship of this article.

References

1. Alghamdi M. (2017). Familial Mediterranean fever, review of the literature. *Clinical rheumatology*; 36(8):1707-1713.
2. Berkun Y, Eisenstein EM. (2014). Diagnostic criteria of familial Mediterranean fever. *Autoimmunity reviews*;13(4-5):388-390.
3. El Hasbani G, Jawad A, Uthman I. Colchicine: An ancient drug with multiple benefits. Current Pharmaceutical Design 2021;27(26):2917-2924.
4. Iwata K, Toma T, Yachie A. (2012). 38-year-old woman with recurrent abdominal pain, but no fever. *International Journal of General Medicine*, 5:265.
5. Özçakar ZB, Yalçınkaya F, Yüksel S, Ekim M. (2007). The expanded clinical spectrum of familial Mediterranean fever. *Clinical rheumatology*, 26(9):1557-60.
6. Sadiq NM, Robinson KJ, Terrell JM. (2017). Colchicine. *StatPearls Publishing*.

DOI:10.31579/2690-4861/308