

CASE 2:

RA WITH SYSTEMIC SYMPTOMS NOT MEETING STILL'S CRITERIA



- **Name:** Mr. Julien T.*
- **Age:** 55 years
- **Sex:** Male
- **Comorbidities:** Hypertension, moderate obesity (BMI 32 kg/m²), history of mild cutaneous psoriasis

History

- Mr. T. has had seropositive RA for 4 years, with bilateral involvement of wrists, MCPs, and knees.
- For the past 18 months, he has developed episodes of fever (up to 38.5°C), diffuse myalgias, transient pleuritic chest pain, and extreme fatigue.
- These symptoms occur in flares, often alongside joint exacerbations.
- Criteria for adult-onset Still's disease are not met (no pharyngitis, ferritin <1000 ng/mL, no rapidly destructive erosive arthritis).

Laboratory and imaging

- CRP: Elevated (30–60 mg/L)
- ESR: Elevated
- Ferritin: 480 ng/mL
- RF: Positive
- Anti-CCP: Strongly positive
- ANA: Negative
- Imaging: Active synovitis in wrists and knees, early erosions

* Fictitious name

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Treatment history

- Methotrexate 20 mg/week: Partial response
- Sulfasalazine: Ineffective
- Corticosteroids (prednisone 15 mg/day): Improved systemic symptoms but led to cortico-dependency
- Etanercept: Ineffective for systemic symptoms
- Tocilizumab: Introduced with significant improvement in systemic and joint symptoms

Current treatment

- Tocilizumab 162 mg/week SC
- Methotrexate 15 mg/week
- Ramipril for hypertension
- Nutritional follow-up for weight loss

Clinical notes

- The presentation is interpreted as RA with a strong systemic autoinflammatory component.
- Targeted biologic therapy has stabilized the condition.
- The patient is followed by Rheumatology and Internal Medicine.
- Close monitoring is maintained to prevent evolution to Still's-like disease or severe autoinflammatory complications.
- IL-1 targeted biologic therapy (anakinra) is considered if the patient loses response to IL-6 blocking therapy.

Patient education

- Mr. T. was informed that some RA patients may present atypical systemic symptoms without meeting criteria for another disease.
- He understands the importance of regular clinical and biological monitoring.
- He is encouraged to maintain adapted physical activity, monitor his weight, and report any new systemic symptoms.
- A therapeutic education program was offered.

ANA = antinuclear antibodies; BMI = body mass index; CCP = cyclic citrullinated peptide antibodies; CRP = C-reactive protein; ESR = erythrocyte sedimentation rate; IL = interleukin; MCP = metacarpophalangeal; RA = rheumatoid arthritis; RF = rheumatoid factor; SC = subcutaneous