



Etiological Profile of Pyrexia of Unknown Origin

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I. BACKGROUND:

Pyrexia of unknown origin is defined as “ Fever more than or equal to 38.3 degree centigrade on at least two occasions.Illness duration of >3 wks

No known immunocompromised state

Diagnosis that remains uncertain after a thorough history taking, physical examination,and some obligatory investigations.

Pyrexia of unknown origin may be due to infections,neoplasms,connective tissue diseases, andsome miscellaneous causes.

II. MATERIALS AND METHODS:

This study comprises 50 cases of prolonged fever

admitted to Government General Hospital,Kakinada.Case selection was random with respect to age, sex,and type of fever.All the cases were subjected to clinical ,biochemical and radiological evaluation based on provisional diagnosis and physical findings pointing to a particular disease.

III. RESULTS :

Among 50 cases of Pyrexia of unknown origin, infectious disease was most frequent cause, followed by neoplastic diseases followed by connective tissue disorders and miscellaneous causes.

	CATEGORIES	NO OF CASES
*	INFECTIONS	
A	TUBERCULOSIS(14)	
1	Pulmonary TB	7
2	TB Lymphadenitis	4
3	Ileocecal Tb	1
4	Pleural TB	1
5	TB Peritoneum	1
B	HIV INFECTION (8)	
a	HIV+TB (3)	
1	HIV+TB Lymphadenitis	1
	CATEGORIES	NO OF CASES
2	HIV+Miliary TB+TB Meningitis	1
3	HIV+Pulmonary TB	1
b	HIV Infection Alone	5



C	Enteric Fever	2
D	Malaria	2
E	UTI	2
F	Lung Abscess	2
G	Viral Hepatitis	1
H	Liver Abscess	1
I	Empyemathoracis	1
I	Non Specific Lymphadenitis	1
K	Sub Acute Bacterial Endocarditis	1
*	NEOPLASTICISM DISEASES(9)	
1	Hodgkin Lymphoma	2
2	Non-Hodgkin Lymphoma	1
3	Carcinoma Stomach	1
4	Hepatoma	1
5	CML	1
6	CLL	1
7	Carcinoma Lung	1
8	Secondaries Pleura	1
*	CONNECTIVE TISSUE DISORDERS	
1	Rheumatic Fever	1
2	Systemic Lupus Erythematosis	1
*	MISCELLANEOUS,LYMPHOCYTIC THYROIDITIS	1
	TOTAL	50

IV. CONCLUSION:

Pyrexia of unknown origin are more often due to infectious cause followed by neoplastic followed by connective tissue disorders and miscellaneous causes. Usually simple diagnostic procedure will clinch the diagnosis in most of the cases. However evaluation of occult infection and neoplasm should not be missed while diagnosing cause of prolonged fever.