

中文題目：自閉症與成人史底爾氏病：一病例報告與文獻回顧

英文題目：Autism and Adult Onset Still's Disease — A Case Report and Review of the Literature

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**Introduction** : Autism, a complex disorder of neural development, is characterized by impairments in social interaction, deficits in verbal and non-verbal communication, and restricted repetitive and stereotyped patterns of behavior and interests. The prevalence of autistic spectrum disorders is estimated to be 5 per 1000. Adult-onset Still's disease (AOSD) is a rare systemic inflammatory disorder with unknown etiology, characterized by high spiking fever, an evanescent salmon pink rash and arthritis. The prevalence of AOSD is estimated at 1.5 cases per 100,000-1,000,000 population. Here, we report a patient with autism who got AOSD.

**Case report** : A 16-year-old man was brought to our hospital by his parents on September 9, 2011, because of intermittent fever for 7 days. He is a patient with Autism and the medical history was taken from his parents. His temperature reached up to 39.5°C, once or twice a day, and would return to normal. The episodes of fever occurred more frequently in the early morning or evening. Skin rash on thighs, legs and trunk with mild itchiness were observed, which initially was thought as the allergic reactions of Ponston. On the examinations, tender enlarged lymph nodes were palpable in the left submandibular and neck area. His parents reported his odd walking appearance and speculated he had a bad pain on his thighs. The blood was drawn on September 16 and the laboratory tests revealed leukocytosis (WBC: 15000/ul; Segment: 88.5%), abnormal liver function tests (GOT: 52U/L; GPT: 134U/L), high CRP (8.16mg/dl) and ferritin (3468ng/mL). The diagnosis of AOSD is made according to the Yamaguchi criteria. Etoricoxib 60mg/day and prednisolone 20mg/day were prescribed on September 19. Fever and skin rash faded away rapidly.

**Discussion** : Although it was difficult to take a clear history and perform physical examinations exactly, the patient presented typical symptoms, signs and laboratory findings of AOSD. There is no case report of AOSD in patients with autism in Pubmed. Recent reports reveal that elevated expression of tumor necrosis factor (TNF)-alpha is observed both in cerebrospinal fluid and in lymphoblasts of autistic subjects. On the other hand, TNF-alpha is elevated in patient with AOSD. Biologic agents (e.g. anti-TNF alpha, anti-IL-1 and anti-IL-6) have been successfully used in refractory cases of AOSD. TNF-alpha seems to be the link of these two quit different diseases.