CLINICAL SNAPSHOT

Recurring Fever

A 70-year-old woman came to our university hospital for investigation of recurring fever. She had suffered a 3-day episode of fever every 6 weeks for the past 2 years, accompanied by muscle weakness, abnormal fatigue, and elevated parameters of inflammation. Her medical history included lumbar pain after a prolapsed disk (L5/S1) in 1998, treated with nucleotomy. Clinical examination of the lumbar area revealed no abnormalities, but laboratory analysis showed an increase of the C-reactive protein concentration to 10 mg/L (normal: <5.0) and microcytic–hypochromic anemia with an Hb of 11.1 g/dL (normal: 11.8 to 15.8). No

pathogens were found in blood cultures. Because the illness had persisted for so long and neither clinical chemistry nor microbiology had yet identified any reason for the recurring fever, we decided that PET-CT should be carried out to exclude the presence of inflammation or malignancy. This revealed a left paravertebral mass, 28 × 32 mm in size and metabolically active, at the level of L5 (Figure). A foreign-body granuloma was then removed and turned out to be a swab, presumably inserted in the course of the nucleotomy in 1998. The reason for the periodicity of the febrile episodes remains unclear, but the patient has had no further recurrence of fever since removal of the foreign body.

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