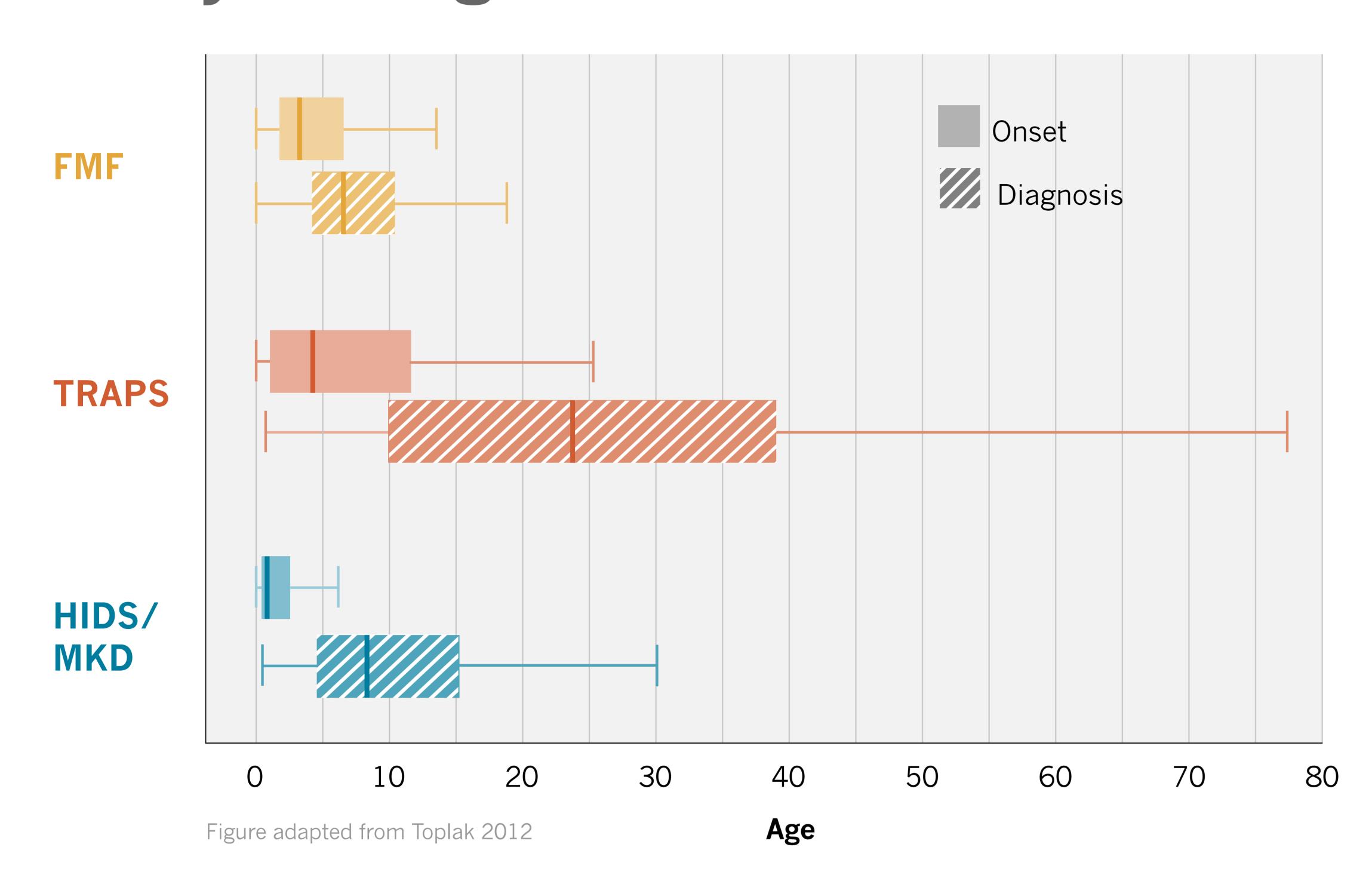
An Ongoing Challenge for Clinicians

Diagnosing FMF, TRAPS and HIDS/MKD

Delayed Diagnoses Are Common



Autoinflammatory diseases often share clinical features, and molecular analyses can be inconclusive in some cases^{1,2}

Eurofever Registry data from more than 1800 patients in 31 countries show that patients may wait years for the correct diagnosis (figure)¹

These trends were confirmed in a smaller international registry of FMF, TRAPS, and HIDS/MKD patients (n=139), where time from symptom onset to diagnosis ranged from 3.5 to 12.7 years.³

Diagnostic challenges may lead to unnecessary medical procedures. In FMF, for example, abdominal pain during an acute attack may mimic acuteappendicitis, a leading cause of hospitalization and surgery.⁴

Progress in Classification and Management

Provisional classification criteria have been developed to aid in diagnosis of FMF, TRAPS and HIDS/MKD (tables)²

In response to inadequate evidence-based guidelines, SHARE has established management and monitoring recommendations to optimize care in children and young adults with TRAPS or HIDS/MKD.⁵



Score Presence Duration of episodes < 2 day 13 Chest pain Abdominal pain Eastern Mediterranean* ethnicity Northern Mediterranean* ethnicity Absence Aphthous stomatitis Urticarial rash 15 Enlarged cervical lymph nodes 13 Duration of episodes >6 days Cut-off ≥60

TRAPS	
Presence	Score
Periorbital edema	21
Duration of episodes >6 days	19
Migratory rash [†]	18
Myalgia	6
Absence	
Vomiting	14
Aphthous stomatitis	15
Cut-off	≥43

HIDS/MKD	
Presence	Score
Age of onset <2 years	10
Aphthous stomatitis	11
Generalized enlargements of lymph nodes or splenomegaly	8
Painful lymph nodes	13
Diarrhea (sometimes/often)	20
Diarrhea (always)	37
Absence	
Chest pain	11
Cut-off	≥42

*Eastern Mediterranean: Turkish, Armenian, non-Ashkenazi Jewish, Arab. Northern Mediterranean: Italian, Spanish, GredCentrifugal migratory, erythematous patches most typically overlying local area of myalgia, usually on the limbs or trunk.