POLYMYOSITIS FEBRILE BY TOXOPLASMOSIS IN IMMUNOCOMPETENT SCHOOLCHILD: A CASE REPORT

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Background and aims: Toxoplasmosis has a universal distribution affecting more than a third of the world population. To report that although rare, there is a possibility of a diagnostic association of acquired toxoplasmosis and febrile polymyositis in immunocompetent schoolchildren.

Methods: Review of medical records and follow-up for further description.

Description: Schoolgirl, 10 years old, female, immunocompetent, with continuous fever and axial myalgia with rapid progression to generalized, with pain to compression of large muscle groups and active and passive mobilization of limbs, with proximal muscle weakness, preserved tendon reflexes. Initial investigations revealed significant alterations such as LDH: 2708-7693 and CPK: 5407. Serologies for negative arboviruses. Excluded pulmonary and renal involvement. Urine 24h with Ptn / Cr ratio: 0.87, Proteinuria: 407 and Clearance of Creatinine: 108. Echocardiogram, abdominal USG and MRI of the skull and neurovertebral axis without alterations. Weight loss: 5kg. Research of negative autoimmune causes. Serology Toxoplasmosis IgG reagent, low avidity, corroborating for the diagnosis of Acquired Acute Toxoplasmosis. Initiated Sulfadiazine / Pyrimethamine / Folinic Acid and Methylprednisolone. Progressive improvement of the clinical and laboratory conditions was observed after 5 days. Fundoscopy without determinant changes for suspension of corticotherapy. Confirmatory serology: IgM reagent, IgG reagent, increasing titre, re-confirming treatment maintenance. It evolved with rapid recovery of proximal force, wandering before discharge. Remains asymptomatic, in an outpatient follow-up with a fall in the markers of muscle injury.

Conclusions: Toxoplasmosis acquired in the school age, is a diagnostic hypothesis, although rare, should be investigated in the presence of disabling febrile polymyositis

Keywords: Toxoplasmosis; Atypical Toxoplasmosis; Polymyositis; Infectious polymyositis.

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