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Original article

Guidelines for the management and treatment of periodic fever syndromes: periodic fever, aphthous stomatitis, pharyngitis and adenitis syndrome



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ABSTRACT

Objective: To establish guidelines based on scientific evidence for the management of periodic fever, aphthous stomatitis, pharyngitis and adenitis (PFAPA) syndrome.

Description of the evidence collection method: The Guideline was prepared from 5 clinical questions that were structured through PICO (Patient, Intervention or indicator, Comparison and Outcome), to search in key primary scientific information databases. After defining the potential studies to support the recommendations, these were graduated considering their strength of evidence and grade of recommendation.

Results: 806 articles were retrieved and evaluated by title and abstract; from these, 32 articles were selected to support the recommendations.

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Recommendations: 1. PFAPA is a diagnosis of exclusion established on clinical grounds, and one must suspect of this problem in children with recurrent and periodic febrile episodes of unknown origin, or with recurrent tonsillitis interspersed with asymptomatic periods, especially in children in good general condition and with preservation of weight and height development. 2. Laboratory findings are nonspecific. Additional tests do not reveal pathognomonic changes. 3. The evidence supporting an indication for surgical treatment (tonsillectomy with or without adenoidectomy), is based on two non-blinded randomized clinical trials with small numbers of patients. 4. The use of prednisone at the onset of fever in patients with PFAPA proved to be an effective strategy. There is still need for more qualified evidence to support its use in patients with PFAPA. 5. Despite promising results obtained in studies with IL-1 β inhibitors, such studies are limited to a few case reports.

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Diretrizes de conduta e tratamento de síndromes febris periódicas: síndrome de febre periódica, estomatite aftosa, faringite e adenite

R E S U M O

Palavras-chave:

Síndrome de febre periódica,
estomatite aftosa, faringite e
adenite cervical
Diretrizes
Infância
Febre
Síndromes autoinflamatórias

Objetivo: Estabelecer diretrizes baseadas em evidências científicas para manejo da Síndrome de febre periódica, estomatite aftosa, faringite e adenite (PFAPA).

Descrição do método de coleta de evidência: A Diretriz foi elaborada a partir de 5 questões clínicas que foram estruturadas por meio do P.I.C.O. (Paciente, Intervenção ou Indicador, Comparação e Outcome), com busca nas principais bases primárias de informação científica. Após definir os estudos potenciais para sustento das recomendações, estes foram graduados pela força da evidência e grau de recomendação.

Resultados: Foram recuperados, e avaliados pelo título e resumo, 806 trabalhos, sendo selecionados 32 artigos, para sustentar as recomendações.

Recomendações: 1. O diagnóstico da PFAPA é clínico e de exclusão, devendo a suspeita ser considerada em crianças que apresentam episódios febris de origem indeterminada recorrentes e periódicos ou amigdalites de repetição, intercalados com períodos assintomáticos, sobretudo em crianças em bom estado geral e com desenvolvimento pondero-estatural mantido; 2. Os achados laboratoriais são inespecíficos. Não existem alterações patognomônicas nos exames complementares; 3. A evidência que sustenta a indicação do tratamento cirúrgico (tonsilectomia com ou sem adenoidectomia) é baseada em dois ensaios clínicos randomizados não cegos que incluíram pequeno número de pacientes; 4. O uso de prednisona no início do quadro febril em pacientes com PFAPA mostrou ser eficaz. Melhores evidências ainda são necessárias para apoiar seu uso na PFAPA; 5. Apesar dos resultados obtidos de estudos com inibidores de IL-1 β serem promissores, estes são limitados a poucos relatos de casos.

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Description of the method of evidence collection

The Guideline was prepared from 5 relevant clinical questions related to the management of periodic fever, aphthous stomatitis, pharyngitis and adenitis (PFAPA) syndrome. The questions were structured by the use of PICO (Patient, Intervention or indicator, Comparison and Outcome), allowing the generation of strategies for searching evidence (described after each question, with the number of recovered articles), in the main primary databases of scientific information (Medline/Pubmed, Embase, Lilacs/Scielo, Cochrane Library). The recovered evidence has been selected from a critical evaluation using discriminatory instruments (scores): JADAD and GRADE for randomized clinical trials, and New Castle

Ottawa scale for observational studies. After defining the potential studies to support the recommendations, these articles were rated based on the strength of evidence and grade of recommendation, according to the classification of Oxford (available in www.cebm.net), including available evidence of greatest strength.

Summary of grades of recommendation and strength of evidence

- A. Experimental or observational studies of higher consistency.
- B. Experimental or observational studies of lower consistency.

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