

PS1.072**Febrile syndrome: importance of the clinical interview**

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Discription: 35 years old, male patient that came to our health centre with fever since 5 days, myalgias, disuria and urine with darker color. Denies contact with animals or travels to other countries.

Physical Exploration: Depresible abdomen, pain on left costal flange (spleen??). Hepatomegaly (3 fingers). Negative Blumberg. Not signs of peritoneal irritation. Erythema and micropapular lesions in abdomen.

Blood test: GOT 4082, GGT 217, GPT 5224, LDH 4460, PCR 14, Bilirrubine 2.9, Ferritine 3901

Urine test: Positive in hematies and proteins

After the phisical exploration we decide to take him to the hospital, and his wife suffers a presincope with fast recovery. At that time she claims she has return from a travel to South America and 3 weeks ago she is a bit tired. in the hospital the run a new test: VHA igM positive.

Discusion: AVH is one of the illnesses more extensively spread in the world. Generally it appears in the shape of epidemic sprouts and is transmitted predominantly by oral-fecal route, a third of the cases brought by this infection happens in children and consists of several clinical forms of presentation; the treatment is based on the application of general measurements as well as the active and passive inmunoprofilaxis. Usually has a mild presentation, nevertheless approximately 0.15 to 3.7 % of the cases die of fulminating hepatitis and about 20 from 30 % of all the cases need hospitalization. Adults develops jauncide in 70-80%. It also can appear in a mild form or without symptoms at all. That what the case of the patient's wife. On the other hand her husband had jaundice and several abdominal pain. After 3 month he still has intense asthenia, that is improving.

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