

FUO

*

((°F) / °C (:
(
% %

مجله علمی ابن سینا / اداره بهداشت و درمان نهاجا (دوره ۹، شماره ۱،
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:

:

ESR	CK-MB	CPK	LDH	

:

BP= / mmHg

PR= /min

RR= /min

T= / °C

(FUO)

/)

(

:

WBC=

FBS=

Na=

Hb= /

LDH=

K=

PLT=

CPK=

T₃=

MCV= /

PT=

T₄= /

MCH= /

PTT=

TSH= /

ESR=

SI=

HBS Ag= Neg

CRP=+++

TIBC=

HCVAb= Neg

BUN=

Ferritin=

HIVAb= Neg

Cr=

U/A,U/C=

FUO

FUO

RBBB

ECG

(Right Bundle Branch Block)

LDH

%

%

% / /

%

(...)

) %

%(

% %

TEI

(Trans esophageal Imaging)

(%) (%) : (%) (%)

(%) (%)

MRI CT

(%) (%) (%)

(%) (%) ESR

(%) (%) (%)

(%) (%) (%)

%

1. Braunwald. Primary of the heart. 6th ed, chapter 49
2. Mandell, Douglas, Bennett's. Principles and practice of infectious diseases. 6th ed, 2005; chapter 48: 718-727.

Atrium myxoma as FUO

Abstract

Fever of unknown origin (FUO) is: 1) temperatures $>38.3^{\circ}\text{C}$ (101°F) on several occasions; 2) a duration of fever of >3 weeks; and 3) failure to reach a diagnosis despite 1 week of inpatient investigation. Fever of unknown origin in contagious diseases is a problem 30% in children and 10% in adults in spite of adequate researches.

We try to explain a case diagnosed as atrium myxoma with the symptoms of three week fever, dry cough, and breathing problems that was admitted and underwent surgery.

Keywords: Fever of unknown origin, Atrium myxoma, Surgical operation

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