ERRATUM

Erratum to: 2016 TAJEV/Oral Presentation

A missing supplement abstract article on online version was reported by the author.
Abstract OP-148 is included in this erratum.

Missing supplement abstract of S75 is given below:

[OP-148]

Infertility Associated with the Familial Mediterranean Fever

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Familial Mediterranean Fever (FMF) is an autosomal recessive, systemic, autoinflammatory disease that affects the serous membrane (peritoneum, pleura, pericardium). It is common among Mediterranean populations (Jews, Arabs, Turks and Armenians). FMF is characterized by recurrent fever and inflammation of serous membranes, leading to abdominal pain, joint pain and chestpain. The most important complication of FMF is amyloidosis, which eventually leads to kidney failure. Sympoms of the disease usually occur during the first decade of life in more than 80% of patients. MEFV gene, responsible for the disease, located on chromosome 16P (13.3) codes synthesis of a protein called pyrin. M680I is common among Armenians and Turks and is associated with more severe form of the relapsing fever in early childhood which may be the only presentation of familial Mediterranean fever. It mainly presents in patients of Mediterranean descent as recurrent, self-limiting episodes of aseptic peritonitis accompanied by fever that last for 24-72 hours. Colchicine is the “gold-standard” medication and it prevents FMF attacks and systemic amyloid deposition. And we commonly forget, it is a cause of infertility both man and woman. We present the case of a 28-year-old FMF patient woman, gravida 0, parity 0 infertile female patients who was admitted the our department with desire of pregnancy. She said, she admitted to an other hospital for this complaint and as a result of her test performed reported, she has an ‘uterine septatus+tubal occlusion to right side’, previously. She knows that own disease about 13 years and she does not use Colchicine regularly. She didn’t have any external physical examination findings related to FMF. This marriage is her husband’s second and he has one child from previous marriage and his spermiogram was normally. Our ultrasonographic assessment was shown us, she didn’t have any uterus and bilateral ovarian pathologic evidence and both size was normally, endometrial cavity was regular and we didn’t monitorized any intrauterin septum. We performed Saline Infusion Sonography (SIS) in examination room, we watched the fundus-seated polipoid mass (11 mm*7mm). We couldn’t achieve her prior histerosalpingography (HSG) results and films, and so, after this situation HSG was taken by us again, and it showed us, the right fallopian tube is completely occluded. After these findings we planned the Diagnostic/ Operative Laparoscopy and Hysterescopy (+chromopertubation). We have seen that the common peritoneal defects and adhesions, right fallopian tube was severely stuck to the peritoneum. And then we started to adhesiolysis, results of operations, we have seen transition of methylene blue from both tubal ostia. We continued processing with hysteroscopy and we’ve excised polyps (11*7mm) in the fundus. And in the meantime, we have not seen any uterine shape anomaly. In this case, we would like to remind the FMF, among the causes of can not be explained women infertility. Peritoneal defects and adhesions which is caused by FMF, can be seen as a simple oclusion on the HSG, but in this case it should not be forgotten that there may be extensive adhesions and should not be avoided from resorting to laparoscopy.

Keywords: Familial Mediterranean Fever, intertility, adhesion and peritoneal defects.