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Fever of unknown etiology

Icd 10 code for fever of unknown etiology. Fever of unknown etiology icd 10. Etiology of fever of unknown origin. Causes of unknown fever. Fever of unknown etiology headache icd 10.

Sintesisfer of unknown origin (FUO) was initially defined as a temperature> 38.3Å ° C (> 100.9 ° F) on several occasions lasting more than 3 weeks, without any obvious source despite the evaluation of at least 1 week in the hospital . [1] Petersdorf RG, Beeson PB. Fever of inexplicable origin: report on 100 cases. *Medicine* (Baltimore). Feb 1961; 40: 1-30. The definition assessment section was subsequently reviewed at at least 3 outpatient visitors or 3 days in the hospital '. [2] Durack DT, Street AC. Fever of unknown origin - reviewed and redefined. *Curr Clin Top Infect dis*. 1991; 11: 35-51. A subsequent qualitative definition is less specific as follows: a temperature> 38.3Å ° C (> 100.9 ° F) in different separate occasions; Adequate initial diagnostic preparation (inpatiente or clinic) does not reveal the etiology of fever. [3] Hersch EC, OH RC. Prolonged feverish disease and fever of unknown origin in adults. *Am Pham Physician*. 2014 July 15; 90 (2): 91-6. Body temperature fluctuations up to 1 , 1 ° C (2 ° F) are normal. The high body temperature can be physiological, or caused by pathological processes such as infection, inflammation, or malignity. The diagnosis occurs in all groups of age and affects both sexes in the same way. However, age is an important factor in the formation of a differential diagnosis. Epidemiological trends in the etiology of the FUO vary around the world. An attentive story includes recent trips. Infections remain a main cause of fuo, with tuberculosis and intra-abdominal and pelvic abscesses that are now commonly implicated than infectious endocarditis. [3] Hersch EC, OH RC. Prolonged feverish disease and fever of unknown origin in adults. *Am Pham Physician*. 2014 July 15; 90 (2): 91-6. [4] Roth Ar, Basello GM . Get closer to the adult patient with fever of unknown origin. *Am Pham Physician*. 2003 DEC 1; 68 (11): 2223-8. [5] Varghese GM, Trowbridge P , Doherty T. Investigare and manage the Pirexia of unknown origin in adults. *BMJ*. 2010; 341: C5470. Local epidemiological data must be taken into consideration. The differential diagnosis of FUO can be grouped into infections, malignant, autoimmune diseases and other various. Abdominal or pelvic tuberculosisossession or pelvic HIVSInusite, acute or chronic infectious toothsomystoatomyheadsProstatitis, acute or chronic infection Coronavirus Disease 2019 (Covid-19) Rheumatic Family Lymechronic Disease Leukemia Hodgkin Hodgkin Metastatic Lymphoma Non-Hodgkin Non-Hodgkin primary unknownRenal cancer Colorful cancer Pancreatic cancer Hepatocellular cancer Myelodiplasty syndrome Adult disease-insurgency diseasePolymyalgia reumaticaGiant cell arteritis Systemic lupus erythematosus The Crohn's disease Reactive Arthritis Phoebe drug-inducedCirrosis, complicated Trombosis of the hepatitis Sarcoidosis Mediterranean Fever familyMalaria Fever tifoideRocky Mountain stained feverAscariasisTularaemiaBrucellosisPittacosisQ feverPhaeochromocytomaHyperthyroidismMunchausen syndrome Director of the Jamaica Hospital Medical CenterAlbert Einstein College of MedicineFamily Medicine Residency Program JamaicaNew YorkNYDisclosuresGMB is an author of a reference quoted in this topic. Clinical AssistantDepartment Professor of MedicineUCSDAVRCS San DiegoCADisclosures SM declares that they have no competitive interests. Clinical AssistantDepartment of Internal MedicineAtlanta Medical CenterAtlantaGADisclosures BP declares that it has no competitive interests. Consulente PaediatricianHonorary Senior LecturerChelsfield Park HospitalChelsfieldOrpingtonUKDisclosuresASER declares that he has no competitive interests. Originally unknown external link opens in new window Complete details The use of this content is subject to our disclaimer 1.Petersdorf RG, Beeson P. Fever of inexplicable origin: report on 100 cases. *Medicine* (Baltimore). 1961;40:1-30.CAS Article Google Scholar 2.Durak DT, Street AC. Fever of unknown origin - re-examined and refined. *Curr Clin Top Infect Dis*. 1991;11:35-51. Google Scholar 3.Bleeker-Rovers CP, Vos FJ, de Kleijn EM, et al. 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