Your recently reported case of familial Mediterranean fever highlights an important treatable cause to be taken into consideration in patients with recurrent unexplained pleuritis [1]. Another treatable condition that should be considered, after more common causes have been excluded in such patients, is IgG4-related systemic disease (ISD) which can present with recurrent pleuropericarditis as well as parenchymal infiltrates and intrathoracic lymphadenopathy [2]. Moreover, ISD can present in many ways and does not have to be accompanied by obliterative phlebitis or arteritis in intrathoracic presentations of the disease [3]. In the highlighted case, ISD can mimic the presentation of a serositis. What is important is that it can respond well to corticosteroids. In patients with unexplained pleuritis (especially lymphocytic) with other features of a serositis, it is recommended to measure serum IgG4 if there is no other more obvious explanation such as an autoimmune etiology or indeed familial Mediterranean fever.

Key Words
Pleuritis · Pericarditis · Serositis · IgG4

References