

# Fibromialgya Type III Hipertsensitivity Reaction Inmune Complexes Disease

Jaime Arango Hurtado

Surgeon, Magister in Epidemiology, University of Antioquia, Colombia. *jarangoh77@yahoo.com* 

**\*Corresponding Author:** Jaime Arango Hurtado, Surgeon, Magister in Epidemiology, University of Antioquia, Colombia.

**Keywords:** Chronic clinic picture, months or years of evolution, characterized by general malaise, headache, musculoskeletal pain, polyarthralgia, lumbar pain, and pelvic pain.

#### **COMMON DIAGNOSES**

Fibromyalgia, Nonspecific Arthritis, Non-specific Myositis, Hypochondriasis, Depression Anxiety Disorder, Chronic Fatigue Syndrome.

In the clinical history of these patients, in addition to the consultation for pain, there are frequent consultations for respiratory infection as acute and chronic sinusitis, acute and chronic tonsillitis, acute and chronic otitis, turbinate hypertrophy, nasal congestion.

### **FINDINGS ON PHYSICAL EXAMINATION**

Pressure pain in the sinuses, hypertrophic congestive tonsils, signs of chronic ear infection, sclerosis or tympanic membrane, hypertrophy of nasal turbinate, nasal congestion, chronic rhinitis, and pain on palpation in musculoskeletal structures, palpation pain in the renal fossa, Pain on pelvic palpation.

## **Discussion**

Chronic respiratory infection leads the formation of antigen-antibody complexes (immune complexes) which, when not removed by the reticuloendothelial system, are deposited in tissues.

Immune disorders develop when immune complexes are deposited pathologically in different organs, initiating a cascade of inflammatory processes that produce organic damage. Immune complexes are deposited on the articular surfaces, skeletal muscle system, renal glomerular basement membranes and vascular basement membranes and produce immunologically mediated inflammation, activation of humoral or cellular effector mechanisms, complement activation, vasoactive peptide release, release of Chemotactic factors, neutrophil accumulation, and release of lysosomal enzymes, with consequent inflammation of basal vascular membranes, inflammation of joint surfaces, inflammation of the skeletal muscle system, inflammation of the basement renal glomerular membrane, inflammation of the pelvic structures, injury Cellular, tissue injury, tissue injury.

The pain clinic picture described in this group of patients is due to a process of chronic inflammation, immunologically mediated inflammation. Type III hypersensitivity disorder. Immunocomplex disease. What we have named **CHRONIC POLYARTICULAR AND MUSCULOESKELETAL PAIN SYNDROME**, a disease with a clear picture of signs and symptoms. With a clear pathophysiology: disease of immune complexes. Target organs: joint structures, kidneys (glomerular basement membrane) musculoskeletal system, basement membranes of small vessels.

This is a disease by immune complexes described from the clinical observation which may be included in the list of type III hypersensitivity reactions

## REFERENCES

[1] Harrison, Principles of Internal Medicine, McGraw Hill, Inc. p. 451. 1977

#### Fibromialgya Type III Hipertsensitivity Reaction Inmune Complexes Disease

- [2] Harrison, Principles of Internal Medicine, McGraw Hill, Inc. Chap 75. Pages 478-483
- [3] Manual Merck, Immunology and Allergy, chap. 2. ninth Spanish edition 1994
- [4] Roitt, Ivan. Immunology Fundamentals, seventh edition 1994, Pan American Medical Publishing, Ch. 6., chap. 7. chap. 10.

**Citation: Jaime Arango Hurtado**. Fibromialgya Type III Hipertsensitivity Reaction Inmune Complexes Disease. Archives of Community and Family Medicine. 2019; 2 (1): 61-62.

**Copyright:** © 2019 **Jaime Arango Hurtado**. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.