Familial Mediterranean Fever (FMF) is an inherited disorder that begins in childhood. It is not infectious. FMF is most common in children of Mediterranean or Middle Eastern descent, such as Sephardic Jews, Turks, Arabs and Armenians.

FMF often causes episodic fevers, and pain in the abdomen, joints or chest. Episodes usually start before age 20 in 90% of cases. About 75% of FMF cases begin before age 10. It can appear in adults, usually in milder form than found in children.

Children with FMF inherit copies of the MEFV gene mutation from both their parents. MEFV affects the protein pyrin, which plays a role in inflammation control. Lifelong treatment to control inflammation may prevent injury to organs.

FMF often causes recurrent fevers that are not contagious. Children often also have pain in the abdomen, joints or chest. Symptoms may change over time. Episodes usually last three days then go away. Children with frequent episodes may not recover well or grow normally. Children younger than five may have only fevers.

Severe abdominal pain may be mistaken for appendicitis. Severe chest pain may cause difficulty breathing. Usually one joint, such as an ankle or knee, is painful or swollen. Joint swelling usually resolves in 1-2 weeks. Red rash in the lower extremities affects one third of patients.

Some children have leg muscle pain, especially after activity. Rare complications are inflammation of the heart (pericarditis), membrane around the brain and spinal cord (meningitis), muscle (myositis) or testicles (orchitis). Amyloidosis is possible if FMF is untreated. Diagnosis is confirmed with a positive test for the MEFV gene mutation.

Colchicine taken by mouth one to two times a day for life helps control FMF. Colchicine prevents episodes but cannot treat an episode in progress. Skipping even one dose can lead to an episode. Children with FMF who take colchicine as prescribed should lead normal, long lives.

Colchicine may cause abdominal pain and diarrhea. Reducing dairy intake may help. Nausea, vomiting and stomach cramps are also possible. Colchicine may rarely cause muscle weakness if taken with erythromycin or statins. Blood counts may be lower and liver enzymes elevated in children who take colchicine. They should have blood and urine tests twice a year.

Females with FMF may take colchicine during pregnancy or breastfeeding. Amniocentesis is recommended. If colchicine is not effective in patients, interleukin-1 blockers such as rilonacept (Arcalyst), anakinra (Kineret) or canakinumab (Ilaris) may be effective.

Take colchicine as prescribed without skipping doses to prevent symptoms and amyloidosis. Amyloid proteins can deposit in organs like the kidneys, and cause loss of function. Sticking to the treatment plan helps prevent this complication. Children with FMF should have urine tests twice a year to check for amyloid proteins.

Children with FMF, if treated properly, should lead normal lives. Some children may need support to cope with FMF episodes or taking lifelong treatments. FMF episodes may affect school attendance; teachers, school officials and social workers can help children cope.

With regular treatment, children with FMF can stay active, and have normal educations and adult lives.