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Role of Bone Marrow Biopsy in Diagnosing Fever of Unknown Origin

About one quarter of immunocompetent FUO patients received specific diagnoses after bone marrow biopsy.

Evaluating patients with fever of unknown origin (FUO) is challenging. Bone marrow biopsy can be useful in patients with HIV infections; however, whether it is useful in immunocompetent patients is unknown. In a retrospective study from France, researchers assessed the clinical utility of bone marrow biopsy in 130 consecutive patients who presented with FUO between 1995 and 2005. FUO was defined as an illness of ≥ 3 weeks' duration with repeated documented temperatures $>38.3^{\circ}\text{C}$.

In 31 cases (24%), specific diagnoses were achieved through bone marrow biopsy. Hematologic malignant diseases (mainly lymphomas and leukemias) were by far the most commonly diagnosed disorders (25 cases). Tuberculosis and systemic mastocytosis each were diagnosed in 2 patients.

Comment: Among immunocompetent patients with FUO, bone marrow biopsy might provide clinically important information in a sizable proportion and should be considered when other studies are negative.

— [Jamaluddin Mooloo, MD, MPH](#)

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