7/22/20 Morning Report with @CPSolvers

Case Presenter: *Dhruv Srinivasachar(@TheRealDSrini)* ***Case Discussants***: *Avi Sonnenschei and Sara Torres*

CC: 6 months of Joint pain and rectal bleeding
HPI:
31 yo M p/w 6 mo of bright red blood per rectum, morning stiffness, and persistent pain in b/l ankles, wrists, hands, neck, and intermittent duskiness of fingers. ROS: no fever, chest pain, dyspnea, back pain, dysuria, nausea, vomiting, or diarrhea.

He tried naproxen w/ no alleviation. Evaluated by multiple providers without satisfactory answer.

Blood per rectum: on toilet paper, small amount
Duskiness: attributed to primary Raynaud's

PMH:
OCD
Substance use d/o
Combined ACL/ and ORIF left acetabulum of shoulder from MVA

Meds:
Naproxen
Vicodin
Abilify
Effexor
Truvada (PREP)

Fam Hx:
Crohn's disease
Soc Hx:
Unemployed, hair stylist in past
Health-Related Behaviors:
No tobacco or ETOH
IV methamphetamine 4 days prior to admission
Sexually active (MSM, receptive anal sex, no barrier protection)

Vitals: Normal
Exam:
Gen: Agitated, AO x 4
HEENT, **CV**, **Pulm, Neuro**:: Normal
Abd: soft, nontender, nd, digital rectal exam w/o lesions or blood
Extremities/Skin: No rashes, MSK w/ TTP, synovitis, pain w/ range of motion of multiple joints.

Notable Labs & Imaging:
Hematology:
WBC: 8.2 Hgb: 11.5 (MCV 92.3) Plt: 333
Chemistry:
Na: 135 K: 4.6 Cl: 105 CO2: 24 BUN: 15 Cr: 0.7 glucose: 115 Ca: 7.8 Mag: 1.9
AST: 19 ALT: 15 Alk-P: 124 T. Bili: 0.2 Albumin: 3.1, Total protein 6.9
HIV: negative
More data:
RF, anti-CCP, and ANA negative
Gonorrhea and Chlamydia negative, Hep B immune, HCV ab positive but viral load negative, Treponemal screen positive/RPR negative and FTA-abs positive, ? syphilis ppx
FOBT and stool WBC both (+), fecal calprotectin 1,831 (normal 120 or less), stool bio-fire panel negative
X-ray hands, C-spine, and pelvis w/ no concerning changes
RUQ US: hepatomegaly w/ 1.5 x 1 x 2 hyperechoic left hepatic lobe lesion in segment 4, mild splenomegaly, and no ascites
COLO: Active colitis, Warthin Starry (challenge accepted) intestinal spirochetosis
Brachyspira is the final dx, treated with metronidazole

Problem Representation:
Young man sexually active on PREP, active substance use d/o, and FMHx of Crohn's who p/w 6-months of mild bright red blood per rectum, inflammatory polyarthritis, and intermittent duskiness of fingers, ultimately diagnosed w/ Brachyspira

Teaching Points (Andrea):
Rectal bleeding: history of colitis, colon ca in family, post coital bleeding
Reactive arthritis: look for upper or GI infection initially
Chronic hematochezia: anatomical approach: Outside (fissures, hemorroides) and inside (primary bowel problems, IBS, vascular malperfusion)
Duskiness of finger is a sign of vessel malfunction: spasm like Raynaud, Inflammation, obstruction
Infection dx that causes arthritis: Kaposi, CMV colitis, mycobacterial disease, yphilis, Gonorrhea
Proctitis: mucus, abnormal stool, tenesmus
Lymphogranuloma venereum (LGV): subtypes of chlamydia can cause sores in anterior genital region and proctitis (subacute with bleeding)
Gonorrhea: most common cause of septic arthritis in young individuals. Migratory oligoarthritis
IV drugs: Heart block (cocaine), endocarditis, immunologic complications that can produce arthritis, HCV, HBV
Vasculitis: can be induced by methamphetamine
Lesion in liver: Hepatic adenoma, syphilic hepatis,