



03/15/21 Morning Report with @CPSolvers



Case Presenter: Gabriel Talledo (@gabrielalledo) Case Discussants: Noah Rosenberg (@nsroenberg) & Mario Suito (@mariosuitofmd)

CC: Inability to walk

HPI: Previously healthy 20 M comes to the ER w/ inability to walk. He reports 2 weeks of polyarthralgia.

2 wks B/L TMJ pain without dysphagia and nasopharyngeal congestion

10 days before - temporomandibular pain disappeared and dev b/l ankle pain w/ erythematous maculopapular rash over back and superior extremities Tx Chlorpheniramine

9 days before- Pain in L hip and L wrist Tx Ibuprofen and dexamethasone
USG: Hip joint (L) - 6 mm fluid, lesions suggestive of toxic synovitis Tx aspirin, chlorpheniramine, tramadol -- no improvement + pain MCP joints w/ erythema w/ difficulty flexing fingers

PMH:
Asthma
(Last episode 2 days ago requiring hospitalisation)

Meds:

Fam Hx: -
Soc Hx:
Lives in Lima, Peru
Health-Related Behaviors:
2 episodes of sexual intercourse w/o barrier contraception
Allergies: -

Vitals: T: 37 C HR: 92 BP: 100/70 RR: 20 SpO₂: 96%

Exam:
Gen: Alert but in pain (esp hip)
HEENT: No cervical LAD
CV: Normal
Pulm: Expiratory wheezing (diffuse)
Abd: Normal
Neuro:
Extremities/Skin: Erythema and swelling over MCP joints and urticarial lesions over back and shoulders; Pain w/ active and passive mov in both hips and pain w/ flexion of MCP in both hands
No lesions over genitals, no inguinal LAD

Notable Labs & Imaging:
Hematology:
WBC: 10,900 (N 75% L 20% M 5%) Hgb: 13 Plt: 500,000
CRP: 56.2 mg/dL

Chemistry:
ANCA, PR3 -ve, ANA -ve, MPO -ve, RF -ve, ASO -ve
Blood culture: -ve
Urethral swab culture -ve Gram stain -ve
Joint fluid analysis suggestive of septic arthritis
Urinalysis Normal; Brucella Agglutination test -ve
Mycoplasma pneumoniae IgM +

Dx: Mycoplasma pneumonia w/ inflammatory arthritis

Problem Representation: Young male w/ asthma p/w subacute polyarthritis involving hip, ankle, wrist, MCP joints, urticarial rash and wheezing.

- Teaching Points (Priyanka):**
- **Neuro Ddx= localization x time course:** CNS (brain pathology, spinal cord compression or abscess, cerebellum); PNS (DRG, nerves, NMJ, muscles) x **subacute** time course (Infxn, inflammatory, neoplasm)
 - Emergent/ Rule out Dx for “inability to walk”-- septic joint
 - **Layering on pt age + HPI: migratory polyarticular joint pain + rash in a young person- infectious** (bacterial- gonorrhea, chlamydia; viral- rubella, measles, dengue, chikungunya, rickettsial dz, Zika; fungal, parasitic); **autoimmune** (RA, SLE, vasculitis, reactive arthritis, urticarial vasculitis), **spondyloarthritis**
 - **Asthma:** consider inflammatory etiology; rule out asthma mimics→ vasculitis (EGPA), infectious (ABPA, chikungunya); M pneumoniae induces allergy by producing specific IgE
 - **Urticaria-** pathologic if persistent, resolves with hyperpigmentation, or painful
 - **Collecting (negative) clues:**
 - **Culture negative infections-** chronic infxn, intracellular organisms, fungal/mycoplasmic/atypical infections
 - **ANCA-neg EGPA?-** ANCA is positive in roughly 40% of EGPA
 - **Neg ANA:** urticarial vasculitis- elevated ESR/CRP, low complement levels (specifically C1q)