

CC: Skin lesions and joint pain

HPI:
 53yo M who:
 4 months earlier presented w/ **right great toe tenderness**. Rx: Ciprofloxacin w/o improvement
 3 months: **L knee effusion** taken for washout and amputation of R great toe. Rx: vancomycin and amoxicillin/clavulanate w/o improvement
 2 months: **multifocal skin lesions on face and extremities**.
 Some lesions were **painful and subcutaneous nodules w/ purulent discharge**. Some lesions were **raised erythematous plaques** that occasionally ulcerate

PMH: None

Fam Hx: None

Soc Hx:
 Born and rise in southeastern US.
 Works as a supervisor of a landscaping company.
 Participated in civil war reenactments.
 Multiple cats at home

Health-Related Behaviors:
 Tobacco user
 No -OH, recreational drugs.

Allergies: None

Vitals: T: HR: BP: RR: SpO₂:

Exam:

Gen:

HEENT:

CV:

Pulm:

Abd:

Neuro:

Extremities/Skin: Multifocal skin lesions on face and extremities. Some lesions were raised erythematous plaques w/ black schar.

Notable Labs & Imaging:

Hematology:
 WBC: 10.2 (87% PMNs 4% L 3%E) Hgb: 8 Plt: 540
 CMP: unremarkable
 ESR: 104 CRP:221
 HIV negative. RPR non reactive
 Crypto serology, H. capsulatum antibodies, HBV serology, HCV serology: negative
 ANA, ANCA negative. Complements levels: nl

Imaging:
MRI of L leg: Abnormal marrow signal in the tibia and bones of the forefoot w/ osteomyelitis of the L 4th toe and multiple collections in the soft tissues read as compatible w/ abscesses.
Chest CT: B/l lung nodules.
Tissue sampling of transbronchial tissue, skin and toe: showed necrotizing granulomatous inflammation. AFB negative. GMS showed broad base budding yeast.
 Histoplasma urine antigen positive: 2.17 ng/ml
 Blastomyces urine antigen positive: 1.55 ng/ml
Final dx: disseminated blastomycosis

Problem Representation: Middle aged men, immunocompetent presents w/ subacute oligo synovitis, skin verrucous lesions, osteomyelitis and bilateral lung nodules.

Teaching Points (Kiara):

- Joint pain:** Arthritis vs Arthralgia . **Distribution** (mono: cristaline, infx, inflammatory, hemorrhagic, traumatic / oligo: less common / poli: small or large joints, proximal or distal).
- Skin lesions:** Morphology and distribution.
 - Morphology: Small vessel vasculitis (purpuric lesion), medium size (nodules, ulcers).

Blasto: Verrucous, pustular lesion Involving exposed skin areas, developing a heaped-up borders, crusted appearance and friable center.



- Joint + skin venn Diagram:** Endocarditis, Endemic micosis (Histoplasmosis, Blasto), Tuberculosis, cristal arthritis (Gout), vasculitis, connective tissue dz (RA, Lupus), mycosis fungoides.
- Collecting clues** (Bilateral lung nodules and necrotizing granulomas): Don't miss Tuberculosis, non TB bacteria, Pastereulla, Nocardia, Fungal (Cocci, blasto, histo), Sarcoid (non cazeiting).