10/09/21 🌎🌎🌎 Global Morning Report with @CPSolvers

***Case Presenter**: Shreyas Venkataraman (@this_is_svenka) **Case Discussants**: Mohit Harsh (@MohitHarshMD) and Rabih Geha (@rabihmgeha)*

CC: 10 days of sore throat, large joint pain, and swelling

HPI: 76y F w/ PMH of myasthenia gravis w/ well controlled RA s/p LKA 6 years ago p/w 10 days of sore throat, large joint, and swelling.
Patient was in her USOH 10 days ago, then developed fever, chills, and myalgia a/w sore throat for 1-2 days following which she has developed L ankle and L knee pain. Pain as 8/10 progressive starting in her knees, then proceeding o affect her R ankle and L elbow. 6 days ago when pain did not subside, diagnosed to have RA flare at local UC. Given a dose of intra-articular steroids and started on prednisone 10mg daily. Over the next day, subjective fever, worsening pain and swelling over her knee and ankle. Denies recent diarrhea, loss of vision, eye pain, back pain, burning micturition, dry mouth or rash. Also denies dyspnea, chest pain, and weakness.

PMH:
RA diagnosed 20y ago - last flare 8y ago. Was on etanercept until 2y ago
Meds:
MG stable on pyridostigmine, prednisone, levothyroxine, KCl, calcitriol. CaCO3, fluticanasol , colestipol

Fam Hx: DM in father

Soc Hx: Ex smoker - 20 pack year , quit 15y go

Health-Related Behaviors:
1-2 glasses of wine, denies recreational drugs.
Sexually active, male partners, 7 partners in the last 6 m - does not use condoms

Allergies: gold salts

Vitals: **T**: 101.2**HR**: 124 **BP**:118/58 **RR**: **SpO_2**: 98 RA
Exam:
Gen: well nourished, in pain (elbows)
HEENT: oropharynx normal, moist mucous membranes
CV: RRR normal S1 S2 no murmurs
Pulm: clear to auscultation in all lung fields
Abd: soft, NT, ND, bowel sounds positive, no organomegaly
Neuro: AOX4, CN III-XII intact, normal sensation
Extremities/Skin: normal without edema or cyanosis . Erythema around joints. No nodular or papular lesions present.
MSK: R elbow w/ decreased ROM and swelling. Teerness found, Radial head and medial epicondyle tenderness noted.
R wrist: tenderness and deformity
L knee: decreased ROM, swelling, effusion, deformity, and erythema. Tenderness found.

Notable Labs & Imaging:
Hematology:
WBC 27.3: Hgb 12.9 : Plt: 496 MCV: 9.3
Chemistry:
Na: 139 K: 4.2 Cl: 101 HCO3: 26 BUN:12 Cr:0.61 glucose: Ca: Phos: Mag: AST: 24 ALT: 25 Alk-P:98 T. Bili:<0.2 Albumin: 3.2
UA: clear, no bacteria, protein +1, LE and nitrite neg
ESR: 42 CRP: 55 ANA: Neg Uric Acid: Neg ENA neg reflex trigger not initiated HbsAb: Positive. HCV, Parvovirus: Neg Blasto neg HIV neg,
Imaging:
CXR: 4th L metatarsal joint subluxation which may be chronic in relation w/ known RA. Correlate w/ clinical joint tenderness. No evidence of erosions in the visualized joints. Extensive extremity subcutaneous edema.
Knee arthrocentesis: turbid fluid collected - not enough for cytology
NG/CT urethral swab positive for NG
CX and gram stain sent - GN diplococci seen

Problem Representation: 76yF w/ PMH of MG and well-controlled RA p/w 10 days of sore throat, large joint pain, and swelling. PE remarkable for R elbow and L knee w/ decreased ROM, swelling, and tenderness.Found to have neutrophil predominant leukocytosis, elevated ESR and CRP, and urethral swab positive for GN diplococci.
PORT: Mulher, 76 anos, com miastenia gravis e artrite reumatoide. Apresentou-se com 10 dias de dor de garganta, artralgia e edema. Exames laboratoriais monstraram aumento de PCR e VHS. Swab uretral positivo para Neisseria.
ESP: Paciente femenino de 76 años con atc de enfermedades autoinmunes y falta de uso de preservativos, se presenta con un cuadro agudo de dolor faríngeo, poliartralgias y edema.

Teaching Points (Vale):
💎 Autoimmune goes with autoimmune.

Polyarthralgia vs Polyarthritis (+ synovitis) -> inflammation clues? (ex. sore throat) -> apply IMADE
⚠️Never miss: drug induced agranulocytosis + predisposition to infxs, systemic dissemination (ex. gonococcal/chlamydia)

Who is the patient?
- Medications: TNF inhibitors (drug induced lupus, granulomatous infx reactivation), Steroids (immunosuppression, inoculation)
- Geography (St. Louis): STIs, endemic fungi.
- PMH of sore throat -> reactive arthritis, candidiasis.

5 Ps of Sexual History: Partners, **P**ractices, **P**revention of STIs, **P**ast history of STIs, **P**regnancy.

💎 Knee arthrocentesis can be negative in 30% of cases of septic arthritis -> look on blood cultures, pharyngeal/urethral swabs, bone biopsy.