

# 6/9/22 Morning Report with @CPSolvers

**Case Presenter:** Sonia Silinsky Krupnikova **Case Discussants:** Rabih Geha (@rabihmgeha) and Madellena Conte (@MadellenaC)

**CC:** Joint pain x 1 year

**HPI:**  
75M  
-URI -- ? COVID; dyspnea resolved, but continued to have pain

-Unable to walk as much  
-Pain and weakness in his feet  
-Pain in R hand and L elbow

-“Bony” pain; deep. Worse in AM, mild improvement, but persistent. Hand swelling

**PMH:**  
Cardiomyopathy;  
non-ischemic

NSIP-ILD (on CT)

**Meds:**  
Diuretics  
Statin  
ASA  
HTN

**Fam Hx:**  
None

**Soc Hx:**  
Rural  
Gardening

**Health-Related Behaviors:**  
No smoking; EtOH

**Allergies:**  
Sulfa -> rash

**Vitals:** normal

**Exam:**  
**Gen:** appeared well  
**Pulm:** + bibasilar crackles  
**Neuro:** Strength intact; DTR intact; sensation intact  
**Extremities/Skin:**  
SubQ nodules - PIP on right; elbow on left  
R 2nd and 3rd MCP - warmth and hypertrophy  
No dactylitis; no nail changes

L 1st MTP - erythema  
Plantar fascia tenderness

**Notable Labs & Imaging:**

**Hematology:**  
WBC: nl Hgb:nl Plt: nl

**Chemistry:**  
Na: K: Cl: CO2: BUN: Cr: glucose: Ca: Phos: Mag:  
AST: ALT: Alk-P: T. Bili: Albumin:

RF/CCP - neg  
ANA - 1:40; subserologies - negative

ESR - 40 (normal for age)  
CRP - normal

**Imaging:**  
X-ray of hands & feet - OA in CMC; soft tissue density

**Final Dx - WICKED Gout.**

**Problem Representation:** Elderly pt p/w joint/bone pain and inability to walk with a PMG of CMP and NSIP-ILD found to have subcutaneous nodules and warmth and hypertrophy over MCPs

**Teaching Points (Samy):**

- Joint pain? Arthralgia (non-specific) vs. periarticular dz vs. arthritis (inflammatory vs. non-inflammatory)
- How many joints are affected?: monoarticular (septic arthritis, crystalline dz, flare or degenerative joint dz, Lyme), oligoarticular (2-4 joints, mostly spondyloarthropathies, but also crystalline and infections), polyarticular (≥5 joints, RA, Psoriasis, collagen vascular dz, parainfectious - hepatitis, HIV, parvo B19, arboviral), also think about bloodstream infections!
- NSIP and arthritis: think about collagen vascular diseases (SLE, dermato-/polymyositis, Sjogrens, scleroderma and MCTD), RA, ANCA-associated vasculitis, HIV and Q-fever
- Bibasilar crackles: dry (atelectasia or ILD) or wet (pulmonary edema, volume overload)
- Subcutaneous nodules: calcinosis cutis (e.g. limited cutaneous form of SSc), gout, rheumatic fever
- RF less specific (also 5% in healthy population) than anti-CCP-Ab for RA, and anti-CCP-Ab associated with more significant disease
- Oligoarthritis/enthesitis after infection (mostly GU and GI)? Consider reactive arthritis (HLA-B27 positive) and usually sterile joint fluid!
- Gout: can be sometimes hard to diagnose! Consider atypical presentations (oligoarthritis, tophaceous skin swelling, rhachisagra) Great Mimicker of Rheumatology!