01/10/24 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter:Maddy (@MadellenaC) Case Discussants: Sharmin (@Sharminzi) and Jack (@jackpenner)

CC : Left knee and ankle pain, swelling.

HPI: 32 yrs old male acute onset of L knee and ankle swelling.

2 weeks prior: burning urination, 4 days prior: difficult to stand. Swelling of knee.

None of the other joints involved, no eye symptoms, no fever, SOB, no lesions elsewhere.

PMH: gonococcal urethritis, treated; 15 years ago had a traumatic injury in the left knee: dislocation with chronic intermittent soreness

Meds: none

Fam Hx: unremarkable

Soc Hx: works in a restaurant as a chef

Health-Related Behaviors: no drugs or alcohol, 3 sexual female partners without protection

Allergies:

Vitals: T: Afebrile **HR:** WNL **BP:** WnL **RR:** WNL
Exam:
Gen: no acute distress
HEENT: clear oropharynx, no mucosal lesions
CV: normal
Pulm: normal
Abd: soft, non tender
GU: purulent urethral discharge
Neuro: normal
Extremities/skin: left ankle and knee swelling and redness, warm to touch, pain on passive movement

Notable Labs & Imaging:
Hematology:
WBC:10.9 Hgb: normal Plt:normal

Chemistry: nl
CRP: 106
Urine test: chlamydia +
Arthrocentesis: N: 25,000. No crystals.
C/S: Negative

Imaging:
ANKLE/ KNEE: No Osteomyelitis

Dx: Reactive Arthritis

Problem Representation:
32 yrs old male with history of Gonococcal urethritis and traumatic injury of his knee, came with complaints of L knee and ankle pain, 4 days. O/E Apart from urethral discharge, and ankle/knee swelling, tenderness and decreased movement everything else was normal. Arthrocentesis: N25,000 culture negative. Dx: Reactive arthritis.

Teaching Points (Anmolpreet): Septic arthritis or Reiter/Reactive arthritis
I] Knee pain/Ankle pain:- classifies as oligoarthritis; Acute joint pain in young patient makes us think about Septic arthritis, but involvement of more than 1 joint makes it less likely.
1. Septic: **gonococcal** in young, **Staph aureus** in older,
2. Crystalline: **gout**, **pseudogout** - when we move from monoarticular to polyarticular in these cases, systemic inflammation increases immensely.
3. Autoimmune:- **RA**, **Reactive arthritis** after GI and GU infection
(GU infection mostly Chlamydia)- triad: arthritis, urethritis, conjunctivitis
II] Gonococcal infection: Reiter's syndrome
Time course important, happens weeks after infection mostly, but can happen after days too
III] PMH of Gonococcal urethritis and traumatic injury to knee: Indicates disseminated infection**.** Trauma increases the risk of infection just like damaged valves in cases of IE.
IV] Infective endocarditis can embolize , so we need to look for other symptoms of emboli.
V] We need to look out for HIV status**,** blood culture**, gonorrhea DNA status from synovial fluid. Sometimes gonorrhea does not show up on blood culture.**
VI] Prosthetic joint increases the risk of septic infection.
VII] Evidence of gonococcal infection from some site is important to classify it as DGI in presence of acute inflammatory oligoarthritis
VIII] We need to follow up the patient as there is a possibility of involvement of other joints and then we can revise our diagnosis.
IX]Mx: Ceftriaxone (till we wait for cultures) to prevent the grave consequences if the joint was septic for Gonorrhea and with Doxycycline for Chlamydia.-