9/9/24 Morning Report with @CPSolvers

*"One life, so many dreams" **Case Presenter**: Franco Murillo (@) **Case Discussants**: Dr. Allan Gelber (@) and Youssef (@)*

CC: 64 y/o M presented presented with bilateral wrist swelling

HPI: Progressive left wrist swelling. Two weeks ago mentioned increased intake of seafood. PCP prescribed ibuprofen and colchicine, then went to ED, where he was prescribed with prednisolone, with improvement. Also reported vertigo and dizziness and told to have BPPV at ED. However, afterwards, developed bilateral wrist swelling. Cannot do regular manual work, associated with morning stiffness.
(-) trauma, DVT, insect bites, sexual activity
ROS negative: fever, abdominal pain, bowel habit change, visual acuity change

PMH:
T2DM
TB at age 20

Meds: tylenol, ibuprofen, metformin

Fam Hx:
Sister has RA

Soc Hx:
Pharmacist, living in Peru, no recent travels

Health-Related Behaviors:

Allergies:

Vitals: T: 36.6 HR: BP: RR: 18
Exam:
Gen: not on distress
HEENT: wnl
CV: RHB, no murmur, no JVD
Pulm: bilateral clear
Abd: no tender, no HSM, no masses
Neuro: AO*4
Extremities/skin: no rashes, no plaques
MSK: bilateral wrist swelling and tenderness on ulnar and radial sides, tenderness on medial and posterior aspects of left ankle, normal bilateral MCPs, PIPs and DIPs. No tenderness on vertebral column.

Notable Labs & Imaging:
Hematology:
WBC: 5k Hgb:14 Plt: 198k
Chemistry:
Na: K: Cl: HCO3: BUN: Cr:0.69 glucose:210 Ca:wnl Mag:
AST: 23 ALT:30 Alk-P:wnl Albumin: wnl, HLA-B27: (-)
U/A: no RBC, WBC, or protein
CRP: 2.3 (normal: 0-0.5)
ESR:22 RF: 11 (0-14) anti-CCP: 7.11 (<17) Uric acid:4.3
Imaging:
Bilateral wrist U/S: bilateral tenosynovitis of carpal portion of the extensor carpi ulnaris
Bilateral wrist x-ray: mild diffuse osteopenia, no erosions, preserved joint spaces
Bilateral ankle U/S: b/l tibialis posterior tenosynovitis
Bilateral foot x-ray: left achilles insertional calcific tendinopathy
Chest CT: scaring at apical lobes, no active lung pathology
MRI pelvis: chronic bilateral sacroiliitis (5 years ago: bilateral sacroiliitis with acute inflammation)

Sx improved with sulfasalazine

Dx: Undifferentiated spondyloarthritis vs spondyloarthritis

Problem Representation: 64 y/o male with PMD of DM and old TB presented with progressive bilateral wrist swelling, left ankle tenderness on medial and lateral malleolus, negative RF & CCP, and radiologic findings of tenosynovitis on bilateral ECR, tibialis posterior, and chronic bilateral sacroiliitis

Teaching Points::
Wrist swelling approach : time course (acute vs chronic), severity (impact daily activities?) and consider RF (gout ? pseudogout ?)
Monoarticular process : synovial joint affected
Rheumatologic exam : Have a focus on the axial(sacroiliac , cervical joint) vs appendicular(hands and legs) skeleton, look at the skin (change of color, tender nodules pointing at sporotrichosis), percuss for effusion
Evaluate range of motion of the wrist and fingers
Seafood + acute process in one joint , think about microcrystalline arthropathy (gout
Seafood + acute process in multiple joints : RA,HLA-B27 , in younger patient (18-40) think about spondyloarthritis
CRP can be falsely elevated from high BMI
4 spondyloarthropathy prototype all highly associated with enthesitis : ankylosing arthritis, reactive arthritis(previous GI, GU infection?) , inflammatory bowel disease associated arthritis ,psoriasis(skin involvement in unusual place perineum)
Longitudinal workup seronegative arthropathy :endoscopic evaluation of the GI tract(bloody stool, abdominal pain), look at the skin(elbow, nails, flexural surfaces)