



02/28/25 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Kirtan (@KirtanPatolia) Case Discussants: Rabih (@rabihmgeha) and Andrew (@ASanchez_PS)



<p>Scribing (Julia) CC: A 29-year-old gentleman with poorly controlled DM presenting with one week of pain and swelling in left wrist plus left knee. Denied prior similar symptoms</p> <p>ROS (-) fevers, chills, chest pain, dyspnea, diarrhea, constipation, dysuria, hematuria, hematochezia, or rash.</p> <p>HPI: Rheum treated for gout, no improvement with Prednisone and send home Returned 1 week later with aggravation in symptoms and New onset violaceous bumps over both the shins</p>	<p>Vitals: T: BP: RR: HR: Sat: vitally stable Exam: Gen: unwell, severe pain in left wrist CV: Pulm: Abd: Neuro: MSK: Fluctuance noted over lateral aspect of left wrist. Both joints severely swollen with redness and limitation in ROM</p>	<p>Problem Representation: 29yo male with poorly controlled DM presents with oligoarthritis, a systemic inflammatory fingerprint and elevation of WBC in synovial fluid. He developed umbilicated skin lesion with IgA / bullous leukocytoclastic vasculitis. Urine showed RBCs. Complement and RF were normal.</p>	
<p>ROS: PMH: DM</p> <p>Meds: Started on Vancomycin + Ceftriaxone</p>	<p>Fam Hx:</p> <p>Soc Hx: No recent tavel smoking, alcohol, pets, wrks from home, no sexual</p> <p>Health-Related Behaviors:</p> <p>Allergies:</p>	<p>Notable Labs & Imaging: Hematology: WBC: neutrophilic predominance 14k -> 23k 90% polymorph Pit: 702k Chemistry Na: K: Cr: BUN: Ca: Ph: Mg: Glu: Cl: HCO3: CRP: 50 ESR: 80 RF neg C3/C4 neg, Cryoglobulin neg</p> <p><u>Serology</u> HIV, Syphilis, Gonorrhea, Hepatitis neg <u>Synovial fluid</u> 32k WBC 96% polymorphs No growth of crystals or organisms, uric acid normal BK: neg <u>Urine</u> 6RBC-> 40 RBC(HPF) , no protein-> slightly elevated, no bacterial growth Urine tox and gram stain neg , Urine blasto neg</p> <p>Imaging: CT left wrist, soft tissue w/ irregular shape 2,7 x 4,8cm in AP, minimal peripheral enhancement more accentuated on the lateral aspect. Soft tissue appears to extend into the radiocarpal joint and thenar soft tissue Biopsy Cutaneous bullous leukocytoclastic vasculitis IgA Vasculitis on fluorescence TTE neg</p> <p>Dx Gonococcal infection</p>	<p>Teaching Points (THE PERPLEXING PURPLE PATTERN):</p> <p>Be excited for Kirtan's teaching!</p> <p>Approach to Inflamed joint: Gram stain > WBC.</p> <p>Empiric treatment with Vancomycin (staph, strep) and Ceftriaxone (gonococcus)</p> <p>Infections- oligoarticular : Spirochetes, DGI</p> <p>Normal Complement level GN: Anti-GBM disease, Pauci mediated, and IgA Vasculitis. Infections - Hypocomplementemia.</p> <p>GN: Look for Dysmorphic RBC on UA. It is unusual to see IgA vasculitic lesions with Gonococcal Infection.</p>