



# 03/24/25 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Ana Valle Case Discussants: Eli Miloslavsky and Rahul Pottabathini

**Scribing(Vijay)**  
**CC:** 58/F with 2 months of joint pain  
**HPI:**  
 Episodes of joint pain - **left hand, wrist**. No obvious trigger. Pain starts spontaneously, associated with swelling, tender to touch. 90mins early **morning stiffness**. Improves with tylenol. Left 5th digit, thumb stuck occasionally. No skin changes over her hands  
**ROS:** Significant **dry mouth** worsening requiring water , 6 cavities in past year, cataract OTC lubricating drops.  
 New **rash left anterior shin** - Multiple non-pruritic, non bumpy freckles - last for 7-10 days and comes again lasting 2 weeks since 2 months  
 Ring **finger tip** - **changes color** in cold - white, blue red cold for 2 years  
**Weight loss** - 30 lbs over 2 years  
 Remaining ROS negative

**PMH:**  
 Graves disease (postablative hypothyroidism)  
 Left axillary LAD - benign

**Meds:**  
 Tylenol and Ibuprofen on daily basis (ibuprofen most effective)  
 Levothyroxine  
 Gastric bypass

**Fam Hx:**  
 Maternal aunt w/ Sjogrens

**Soc Hx:**  
 YMCA member  
 Former smoker(30PY)  
 No substance use

**Health-Related Behaviors:**

**Allergies:**

**Vitals:** T: BP: 113/66 PR 95/min BMI 27.5  
**Exam:** Gen: Looks well  
**CVS, Pulm, Neuro:** WNL  
**MSK:** Left ant shin - 2cm x 7cm **non blanching, non-palpable** pinpoint red papule/**petechiae**. NO hair loss/nail changes/bruise/telangiectasia/nodules  
**Left wrist - palpable effusion(warm, tenderness)** - pain with passive, active ROM. 2nd-5th MCP warm, tender with synovitis. Left PIP, DIP - no warmth, tenderness, effusion/synovitis. Heberden nodes.  
 Elbow shoulder WNL  
 Lower extremities: No tenderness/synovitis/effusion.

**Notable Labs & Imaging:**  
**Hematology:**  
 WBC: 4.6 RBC 3.78 Hgb: 11.2 Plt: 276 Hct: MCV: 92.6

**Chemistry**  
 Na: 136K: Cr: BUN: 14 Creat 0.82 alb : 3.4 TP 10.4 Globulin 7  
 Ca: 8.9 ALP 52, TB <0.2 AST: 30 ALT: 11 AG 9 ALP 52  
**ANA: 1: 2560(speckled pattern)**  
 UA: WNL(no protein, RBC, WBC)  
 Ro52 - 84, Ro60 74, SSB 879(<20) dsDNA - 0 RF 652  
 C3 122, C4-22 (Normal)  
**APS(LAC, aCL, B2GP1), Cryoglobulin:** Negative  
**Smith, ANCA, HLA-B27,Centromere, SCL-70, RNA poly 3, anti CCP:**Negative  
 hsCRP 1.9 (wnl), ESR 44 (high)  
 SPEP: Polyclonal gammopathy(No M spike),  
**Imaging:**  
 Skin biopsy: leukocytoclastic vasculitis(LCV)  
**CXR** - abnormal → Confirmed ILD

**Dx:** Sjogren's Syndrome

**Problem Representation:** 52/F with PMH of graves, F/H/O Sjogrens presenting w/ subacute asymmetric inflammatory polyarthritis, Raynauds and non-palpable petechiae with positive ANA, RF, SSB antibodies and CT suggestive of ILD and was diagnosed as Primary Sjogrens syndrome

**Teaching Points (Lera):**  
**Joint pain approach:**

- **History + exam** > 90% of Dx (plus labs and imaging)
- Etiology: **inflammatory / mechanical / pain**. DDx -> location (joints & symmetry), duration and tempo (chronic or persistently recurrent?), inflammatory features (morning stiffness > 1 h, swelling), associated Sx and Hx of trauma.
- **Rheumatologist BF:** MCP joints (inflammatory >> mechanical).

**What are we dealing with?**

- Rheumatic diseases = **connective tissue diseases** (ANA+ diseases, systemic Sx, sicca Sx more specific) >> **vasculitides** (large << small -> IC (cryo) / ANCA or 2° to Sjogren's) >> **inflammatory arthritis** (joint pain >> systemic features like fever, weight loss -> sicca Sx are not specific to Sjogren, can be seen in RA) .
- **New Sx approach** -> is it generally common? Is it specific enough to clinch the Dx? Is it non-specific but definitely rheumatic?

**Navigating the rheumatic Sx spectrum:**

- **Raynaud's** -> young patients likely have 1° (no suspicion for underlying rheum dz), older patients with sudden onset likely 2° (but non-specific to any disease).
- **Rash** -> is it vasculitic purpura? -> Palpable or not + biopsy.
- Qs to ask: **Are those Sx connected or unrelated?**

**Connective tissue diseases: SLE?** ANA — sensitive test that gives answer "Is it connective tissue disease?". **Sjogren's?** No sicca Sx = no Sjogren's. **SSc?** No Raynaud's = no SSc. **Myositis?** Muscle weakness & skin Sx. -> Think of those *before* thinking about MCTD.

**"Do not order tests that don't line up with your clinical suspicion".**