



04/23/25 Morning Report with @CPSolvers

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"One life, so many dreams" Case Presenter: Jeff Shen (@) Case Discussants: Sharmin (@Sharminzi) and Alec @ABRezMed

CC: 50Y/M multiple sx:
Joint pain: knees and lower back, radiates to lower legs, stiffness.
Poor wound healing: past h/o nonunion of left tibia x 4 yrs fracture
Butterfly rash: intermittent, itchy, not painful
Stepwise cognitive decline: trouble with memory, episodic, intermittent, become more frequent
ROS: denies headaches, deficits, tremors, gait Fevers, wt.loss, mood changes, raynauds.
PMH:****
Rash: 20–30yrs, resolves with steroids, Dx as rosacea unsure about relationship with sun. **Heat rash** on chest, small raised erythematous papules
Bone: 30 yrs ago, soccer related injuries, osteopenia/Vit D def by PCP, difficulty to heal

Arthritis: Worse in knee, with on and off knee swelling. Responds to steroids. Had side effects from Methotrexate, didn't improve his sx.
Eyes: retinal vasculitis, 8 yrs ago, red painful eye, blurry vision, multiple floaters. 2nd recurrence was 5 yrs ago, most recent was 3 months ago, sudden loss of vision, without redness/ pain.
 BRAO
Others: Depression, anxiety on olanzapine, lamotrigine
 Asthma,
 Sarcoidosis(arthritis rash+retinal vasculitis asthma)

PSH: left tibia x 3yrs, Discectomy of spine 15 yrs ago.
Fam Hx: HTN,DM, RA-paternal Grandmother; Crohn's: Paternal aunt.
Soc Hx: lives in farm, exposure to dogs, chicken, sheep, raccoons

Health-Related Behaviors:

Allergies:

Vitals: T: afebrile BP: 138/92 RR: 20 HR:70 Sat: 97@RA
Exam: Gen: no acute distress,
HEENT: no oral ulcers, redness in conjunctiva, lymphadenopathy
CV, pulm, Abd: Normal
MSK: no Synovitis, positive FABER testing, Tenderness at calcaneus site
Skin: Scaly erythematous, B/L cheeks, sparing nasolabial folds, multiple fingernails with longitudinal ridges, Rt 3rd fingernail with white lines.
Neuro: Normal, Neurocognitive testing: Normal(6 months ago)

Notable Labs & Imaging:
Hematology:
 CBC, CMP, UA: Normal
Rheum:
Negative inflammatory markers, Negative: 25 OH vit D, 1, 25 OH vitD , RF, ANA, ENA panel, ANCA, IgG4 levels
 Negative: Bartonella, histo, syphilis, HIV, hepatitis B, + Quant GOLD TB

LP: normal WBC, RBC, protein, glucose. No oligoclonal bands. Culture negative, AFB/Fungal Cx negative, cytology: Neg.
 CTA Head, Neck, chest: Unremarkable.
MSK X rays:
 Hands/wrist: Diffuse joint space narrowing, PIP, DIP joints
 Knee X rays: Mild Tricompartmental osteoarthritis.
 SI X rays: B/L sacroiliitis with joint space narrowing, sclerosis, no erosions.

MRI brain: T2 FLAIR hyperintensities within subcortical white matter, more than expected for age. **Given h/o retinal vasculitis, concerning for a small vessel vasculitis.**

Dx: Psoriatic Arthritis.

Problem Representation: 50Y/M with significant PMH now having Enthesitis, Sacroiliitis, Retinal and CNS vasculitis Dx as Psoriatic arthritis.

Teaching Points (Hee Mun):

- 50M with joint pain (knees, lower back radiating to legs),** morning stiffness, involving both large and small joints; consider OA vs inflammatory arthritis—evaluate for erythema, swelling, and neurologic signs on physical exam.
- Poor wound healing:** consider vitamin deficiencies(C, A, zinc), diabetes, trauma, or infection. **Butterfly rash:** think SLE or dermatomyositis.
- stepwise cognitive decline:** more history needed timeline, focal deficits, and functional impact.

DDX :MH w/ steroid-responsive sx → consider **vasculitis, SLE, sarcoid** (look for systemic signs, esp pulm). Also consider **Behçet's** (ocular), **GPA** (young pt). Against infection, but r/o **TB, HIV.**
 30y hx of rash (rosacea vs malar) w/o renal inv may be less signif. Focus on bone pain → think **CTD/collagen dz**, order DEXA, check FMH.
 Ocular + back pain → consider **AS, test HLA-B27**, look for uveitis.

Skin rash + longitudinal nail ridges → SLE, MCTD, psoriasis; **FABER+ and calcaneal tenderness suggest enthesitis** → consider ankylosing spondylitis.

Lab: Normal CBC → less likely cytopenic autoimmune dz; normal Vit D → less granulomatous dz less likely; negative ANA, ANCA, IgG4 → helps r/o SLE, vasculitis, IgG4-RD;-> imaging Brain CT /MRI x ray bone- HLA-B27 CK → myopathy; consider TB
Sacroiliitis → think ankylosing spondylitis, IBD-associated arthritis, or TB.
MRI brain subcortical white matter, more than expected for age-> CNS vasculitis/ Behçet's disease/ demyelination/axonal-vessel or atherosclerosis

Psoriatic arthritis → joint involvement, enthesitis, nail pitting, longitudinal ridging, axial involvement, sacroiliitis. uveitis