



# 8/8/25 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Vini (@@vinibarzon) & Julia@juliazanco (IG) Case Discussants: Rabih (@) and Reza (@)

<p>Scribing (Kuchal/Vijay)  <b>CC:</b> 74 yrs old M admitted with <b>generalised weakness</b>, Increasing <b>Lower back pain</b>* 3 weeks, as well as <b>bilateral Groin pain</b>. He presented to the ER after his son raise concerns about his worsening back pain, bilateral hip pain, and difficulty walking.  <b>HPI:</b> Admitted to an outside hospital with Generalised weakness and increasing LB pain. Pain high intensity w/o claudication, radiation, improved w/ pain meds. <b>Worsened with mobilisation</b>. He reported No acute changes in lower back, RLL *several months. Right hip pain - 10 yrs, back ache - 5 yrs. increasing painful last several months, Chronic back pain * years. Denies falls/trauma / recent changes in symptoms  <b>ROS:</b> Negative for fever, chills, nausea,vomiting, diarrhea, numbness, SOB,Chest pain</p>	<p><b>Vitals:</b> T: 38C (now afebrile) <b>BP:</b> 120/80 <b>HR:</b> <b>RR:</b> <b>Sat:</b> <b>BMI:</b>  <b>Exam:</b> <b>Gen</b>  <b>CV:</b> WNL  <b>Pulm, Abd, Neuro:</b> wnl  <b>MSK:</b> Ulnar deviation of both hands, radial deviation of wrist. <b>Edema &amp; Redness in right hip w/ Pain on R hip mobilisation</b></p>	<p><b>Problem Representation:</b> 74/M with PMH of RA, multiple Hip, knee surgeries with persistent pain on MTX/Prednisolone presenting w/ worsening LBA, groin pain for 3 weeks. Evaluation s/o S.aureus bacteremia w/ negative MRI. Subsequent evaluation s/o joint collection finally diagnosed with septic arthritis</p>	
<p><b>PMH:</b>  Severe RA  B/L Hip, knee replacement  Prostate CA, HTN  Left LL DVT  RLE Surgeries -  Knee Sx 2009(Most recent)  <b>Right Hip Infection Sx</b> -  Persistent pain since then</p> <p><b>Meds:</b>  MTX  Levothyroxine  Prednisone (5 mg)  Not on AC</p>	<p><b>Fam Hx:</b>N</p> <p><b>Social Hx:</b></p> <p><b>Health-Related Behaviors:</b></p> <p><b>Allergies:</b></p>	<p><b>Notable Labs &amp; Imaging:</b>  <b>Hematology:</b>  WBC:10.8 from 15.4 (3/23) Hgb:10.5 hct 31 Plt: 222 MCV: 89 <b>(baseline 15, CRP 32, ESR 49)</b></p> <p><b>Chemistry</b>  Na: 132 K: 3.8 Cl: 99 BUN/Cr normal CRP: 32 ESR: 49 AST: 86 ALT: 32 <b>ALP: 304</b></p> <p><u>Outside hospital</u>  MRI of B/L Hip(weeks prior): negative  Blood culture: Staph aureus bacteremia  Right hip aspiration (03/25) - negative  <b>Repeat Evaluation</b>  TTE: Negative(Duke 1 minor positive)  Blood culture - S.aureus  CT repeat: Large gas containing joint effusion w/ contiguous fluid collection in upper thigh  USG guided right hip - 20 ml Purulent fluid aspiration.</p> <p><b>Dx :</b>  <b># Prosthetic Joint Infection</b>  <b># MSSA bacteremia most likely sec PJI</b>  <b># Chronic Back Pain</b></p>	<p><b>Teaching Points (Krithika):</b>  Myelopathy- bowel and bladder syndrome, hyperreflexia, extensor plantar  Retroperitoneal cause-RCC,CKD- <b>LOW BACKACHE+GROIN PAIN</b>  Prosthetic infections of hip- difficult to diagnose but consequences are less(mechanical dehiscence- takes weeks to months  Organisms causing indolent septic arthritis- generally fastidious  Alp- sign of blastic activity of bone- unlikely to be affected in infective conditions like osteomyelitis or multiple myeloma(osteolytic)  <b>Risk of IE with Staph- 25%</b>  <b>Cut off for cell count for septic arthritis of prosthetic joint- low than normal joint-because immune response around prosthetic joint is very less</b></p>