12/30/25 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Greg(@)* ***Case Discussants****: Jeffrey(@)*

https://clinicalproblemsolving.com/present-a-case/

Scribing (Siva)

CC:30 male presents with lower abdominal pain,pelvic pain, perianal numbness, tingling since several months and diffuse aches

HPI:normal health until he developed Covid,positive with high AB titers

After covid resolution pain in buttocks and anus area ,dysuria but no hematuria,urinary hesitancy (with some midstream involuntary urethral sphincter contraction) without incontinence A/w peri anal tingling but no bowel incontinence ,periodic dysesthesia and paresthesia in UL and LL. shooting pain in feet (plantar fasciitis),periodic right feet erythema and swelling -waxing and waning sx .Previously very athletic without functional limitations. He complains of nerve pain when he grips with strong force .pain triggered by activity.

ROS:

Pelvic floor dysfunction,seborrheic dermatitis. MRI with tendinopathy carrying a workup of psoriatic arthritis

PMH:
GERD
Tennis elbow

Meds:
Pregabalin
Gabapentin
ibuprofen

Fam Hx: mother - mesothelioma / cousin - hypothyroidism and celiac disease

Social Hx:
Chlamydia in 2017

Allergies: none

Vitals:normal

Exam: Gen: no acute distress normal orientation

HEENT: clear conjunctiva, no scalp tenderness **CV**: normal **pulm**: **Abd**: normal

Neuro: reduced pin prick in both lower limb up to mid shin,,other sensations intact ,reflexes normal,motor functions -normal tone,normal gait,All CN intact.

Extremities/skin: intact sensation on the hand,provocative maneuver negative.(thickening of flexor tendons middle finger A1 pulley)-minimal tenderness, occasional painless erythema of foot that lasts for 2 days and then resolves.

Notable Labs & Imaging:



Hematology:
WBC: 7.6 Hgb: 14 Plt:182 MCV:86

Chemistry:
Bili: 1.3 ,ESR: 2 CRP:0.7 ,HBA1C -normal,glucose- 70,U/A -unremarkable ,Ck: 44. ANA 40, HIV: -ve
Anti smith,dsDNA,PR3,MPO ,TPO,CCP IgG, ANCA ,SSA,SSB ,HLA b27,anticardiolipin -all came back negative .Cytokine panel- normal.
Vitamins -normal, SPEP -normal,Ceruloplasmin and S.Copper normal

Imaging:MRI spine -Small T2 hyperintensity with prominent central canal at C5-C6.
XR R elbow-normal
MRI elbow: extensor, biceps and brachialis tendinopathy,no effusions.
EMG -normal,skin biopsy -normal
MRI pelvis: Hernia repair and no adenopathy
Management- rx with steroids but little response to rx ,reported pain improved with PT,not NSAIDS.Rheumatology considering to start biologics.
Ganglioside AB-GD1A IgG AB positive -1:800 titer.IgM negative.Gq1 negative.

Dx: post covid seronegative reactive arthritis??immune neuropathy??

Problem Representation: 30 yr male athlete post covid 19 presented with chronic fluctuating diffuse neuropathic pain with intact sensory (except pinprick) and motor weakness with seronegative inflammatory arthritis component with EMG, skin biopsy negative and positive GD1A IgG .

Teaching Points (Julia)

Approach to pain (neuro/rheum): Numbness/tingling: suggest neurologic involvement (aches usually comes without those symptoms)
Chronic symptoms: important to identify a pattern → Started after Covid?
Nonspecific symptoms: perianal/pelvic pain → look at the spine
Rash + pain/neurologic symptoms on the extremities: look for inflammation within joints and other structures around it. For example, joint overuse can cause inflammation (entesitis, RA)
Approach to PE: no clear neurologic signs in the LE → goes towards a secondary issue other than primary neurologic. With the rash, could be psoriasis, dermatitis, seronegative spondyloarthropaties
Reactive arthritis: triad of "can't see (uveitis), can't pee (urethritis), can't climb a tree (arthriris)" → ⅓ of cases can be persistent. Covid is one of the causes of it, however not common to cause urinary symptoms. Other causes: mycoplasma, viruses
Unilateral leg changes (discoloration): not a Raynauld's phenomenon - Severe inflammatory arthritis, peripheral artery disease
Primary inflammatory arthritis (no systemic involvement): 1. RA / 2. Seroneg spondyloarthropathy / 3. Crystalline arthropathy → X-ray, US, HLA-B27, uric acid, arthrocentesis
Approach to labs: normal labs - disease mild → moderate. HLA-B27 can be neg in patients w seroneg arthropathy (IBD, reactive arthritis, psoriatic arthritis)
Symptoms of arthritis + pelvic → single vs separate diseases
-Muscle involvement? Sacroiliitis?
Guillain barret (GD1A AB +): upwards neuro symptoms. However, less likely with a normal neuro exam
Post-Covid-19 reactive arthritis: The virus triggers the immune system and can cause a inflammatory reaction