7/18/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****:Jeffrey (@)* ***Case Discussants****: Jeffrey(@) & Anmolpreet Kaur(@anugrewal19)*

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

Scribing (Yousuf)

CC: 48F for acute recurrent L sided uveitis and polyarthralgias.

HPI:

7 years ago episode of left sided anterior uveitis. Presents with second episode of left sided anterior uveitis with 1y of symmetric polyarthralgias of both small and large joints + back pain. 1 h morning stiffness, night time back pain

Progressive fatigue x1

Urinary urgency x2-3y

Dry mouth, increased **thirst** leading to **nocturia** and **80 lbs of weight gain**, **decreased appetite**, **heartburn,** no dysphagia, no dyspnea/orthopnea

No dry eyes

PMH: HLD

Meds:
Atorvastatin
Multivitamin
NSAIDs as needed

Social Hx: african american. Lives in southeastern united states. No travel. Two cats.

Exam: HEENT: Rounding of the face
Neuro: No neuromuscular weakness. No proximal muscle weakness.
Extremities/skin: No synovitis/tenosynovitis, mild bl rotator cuff tendinitis & trochanteric bursitis, plantar fasciitis
No striae, bruising or skin thinning. No neck hump.

Notable Labs & Imaging:

Hematology:
CBC unremarkable

Chemistry:
Na: K: Cl: HCO3: Cr: BUN: Glucose: Ca: Mg:
AST: 50 ALT: 40
TSH nl, VitD/Ca nl
Hba1c = 10.6% (previously 5.5%)
ESR: 33 CRP: nl
UA normal
Urine pregnancy negative
ANA 1:80 RF neg CCP neg HLA-b27 neg. ENA neg. C3/C4 nl.
HIV/Syphilis/Bartonella/Tb/HepA-C negative

Imaging:
XR of joints: Moderate amount of degeneration consistent with OA.
XR of Hip/knee/ankles: Evidence of enthesophytes
Bilateral narrowing of SI joints
CXR: Unremarkable
MR spine: No evidence of inflammation, some degenerative changes

Dx: Depression causing weight gain, osteoarthritis, and diabetes with idiopathic uveitis.

Problem Representation: 48Y/F with PMHx of Hyperlipidemia presented with recurrent episodes of uveitis and polyarthralgia. Imaging was + for enthesitis and OA of multiple joints. ROS revealed unintentional weight gain, polyuria, and polydipsia. Further investigation was negative for autoimmune and infectious etiology. She was diagnosed with type 2 Diabetes Mellitus with hbA1c of 10.6 and was medically managed for the same.

Teaching Points (Varsha)

Arthritis - Mono vs Oligo vs Poly
- Arthralgia (+ morning stiffness) vs Myalgia (systemic inflammation)
- Poly involvement: Acute - viral, autoimmune, crystalline

Eye inflammation
- Conjunctivitis → anterior most - infection > inflammation
- Uvea → middle layer - inflammation > infection

Uveitis + polyarthralgia: Inflammation>>
- HLA B27 + Vs seronegative causes
- RA, IBD psoriatic arthritis, ankylosing spondylitis

Enthesitis : inflammation at the insertion of tendons to the bones
- Inflammatory vs non inflammatory (mechanical) - psoriatic arthritis, IBD, HLA, crystalline

Osteoarthritis - if accelerated or poly involvement
- Increased burden (weak bones, less tolerance) vs mechanical cause (overworking of all bones)
- osteoporosis/ osteomalacia ? → menopause, deficiency of Vit D and Ca

Polyuria, nocturnal urination, increased thirst
- + weight gain (true gain- fat/fluid retention?) → maybe metabolic process → HbA1c
  - Systemic inflammation - usually weight loss
- + ANA → Sjogren's syndrome?

Cushing's syndrome - proximal muscle weakness, skin thinning→ bruising, osteopenia are a lot more specific
- Moon facies, buffalo hump, striae, etc → not very specific << metabolic syndrome more common