9/23/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: (@Akash Gupta)* ***Case Discussants****: (@Jeffrey Shen) & (@Andrew Sanchez)*

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

Scribing (Hans):

CC: 28 y/o healthy f p/w left hip pain

HPI:

Left hip and knee pain minimal relief with NSAIDs No trauma, Stiffness in am , improves over the day. Denies trauma. Orthopedic consult inconclusive. Has hip joint of a 60 y/o pt. Replacement recommended.X-ray revealed femoral acetabular impingement.

Subsequently developed CP x-ray suggestive of pneumonia mildly responsive to Abx Then Tx w/ steroids and Abx now in remission.

Left hip replacement by ortho

Diarrhea with blood

ROS:

PMH: unremarkable

IBS suspected

Meds:

None

Fam Hx:

Nl

Social Hx:

Grocery store cashier

Health-Related Behaviors:

No tobacco, illicit drug use

Allergies:

Nl

Notable Labs & Imaging:

Hematology: WBC:nl Hgb:11.5-> 8 Plt:351 MCV:

Chemistry: Alb: <3.3

Post hip replacement:CRP 1.01 to 14.88 ESR 68-> 33

Arthrocentesis: Cell count 3191, Neutrophils 1%, lymphocytes 49%, Monocytes 11%

CRP after 6 months near normal PR3 and ANCA normal.

Low ferritin; ANA, ANCA, negative, PR3 1.3 (high) RNP 1.3 SSA, SSB v- Smith v- RA v-

Imaging:

MRI: Moderate to severe degenerative arthrosis with high grade chondral loss subchondral cyst formation moderate left hip effusion with synovitis indicative of femoral acetabular impingement. No AVN (avascular necrosis)

CXR: (PCP -> PNA)

CT chest: numerous b/l nodules and masses right hilar interlobar lymph nodes w/ left sided pleural effusions.

Pet CT: Right upper lobar spiculated nodule 1.5x1.5cm

Masslike consolidation right upper lobe

EGD/ Colonoscopy:Diffuse inflammation Pathology: duodenitis, with focal villous blunting, antral oxyntic mucosa, Colonic mucosa focal cryptitis, mild cryptic architecture and granuloma.

Bronchoscopy:Abundant blood cells w/ scattered bronchial inflammatory cells

Thoracentesis: nucleated cells 78% Neutrophils 40% Lymphocytes 18%, Macrophages 8%

Dx: UC with pulmonary involvement and spondyloarthritis as extra intestinal manifestations.

Problem Representation: 28 y/o f p/w left hip pain for 6 months and diarrhea reported later Workup revealed pulmonary involvement with nodules and a mass. Bronchoscopy was significant for inflammatory processes. X-ray and MRI showed degenerative changes with acetabular impingement. Colonoscopy showed focal cryptitis and granuloma formation similar to UC. PR3 positive

Teaching Points (Ramaswamy)

Young patient with joint pain ->mechanical -> known or unknown motion causing strain (muscle vs tendon vs ligament). trauma likely; once r/o consider tempo; chronicity may indicate systemic/endogenous pathology

Joints of interest in this patient depends on occupation; consider elbow and knee;

Arthritis - Inflammatory vs degenerative; inflammation in joints -> rheumatologic. However monoarthritis -> infection (focal) then rheum then rare causes (hemarthrosis, neoplasm), check other joints as well once infection is ruled out

Pulmonary masses/nodules *-> in combination with joint pain -> Sjogren, Scleroderma, Dermatomyositis, rarely ANCA vasculitis, IgG4 disease (lymphoplasmacytic infiltrate); Sarcoidosis(granuloma). Consider fungi vs TB; centrilobular -> inhalation; intralobular -> interstitial (Lymphatic)*

Spiculated mass -> ? Lung cancer; Consider ANCA vasculitis as well in case of lung mass + joint pain. Need tissue to confirm. Adenocarcinoma can present with joint pain. TB, Blasto >> Histo >> Cocci (depending on geo); nocardia, actinomyces, Whipple's (Infla arthritis + GI)

U/L sarcoid? -> Usually endemic mycoses; Histo and blasto -> *Empyema necessitans*

Lab characteristics -> Antigen tests for fungi may be inconclusive without tissue Dx

Masses + joint pain + lung involvement *-> Infection (asymmetrical), rheum conditions - symmetrical*

Idiopathic pulmonary hemosiderosis - seen in celiac dz with malabsorption + lung masses (Lane hamilton syndrome). Joint pain - non inflammatory

Rheumatologic vs malignancy -> Lymphoma - Lung involvement (lymphomatoid granulomatosis; Anaplastic Large cell lymphoma, EBV); Hodgkins -> Mass contiguous with lung and lymph node.

Lung mass + joint pain + GI inflammation -> IBD associated arthritis - RLD, apical fibrosis; Transient PR3 -> seen In IBD

GGOs -> IBD (rarely)