# 6/27/26 Clinical Reasoning Expedition with @CPSolvers

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

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

Scribing (Lera❤️ ❤️ )

**CC**: 38M with **polyarthralgia**

**HPI**: To PCP with **6-7 mo** of symmetric pain + stiffness in upper > lower back, knees, shoulders, chest / ribs. No documented synovitis on exam.

- EKG, CXR, TTE - nl. TSH - nl.
- Rheum: ANA, RF, CCP - neg.
- ESR 38, CRP nl.

Sx occur in abrupt attacks. Patient wakes up from sleep in the middle of the night -> suffers from joint pain in the upcoming days.

**ROS**: +/- night sweats. Otherwise negative.

**PMH**: obesity
Otherwise healthy

**Meds**: —

**Fam Hx**: mother Dx with seropositive RA

**Social Hx**: —

**Health-Related Behaviors:** manager in software company

**Allergies**: —

**Vitals:** normal **BMI**: 29

**Exam** [during the Sx episode]

**Gen**: unremarkable, a bit anxious because of this

**Notable Labs & Imaging**:

**CBC**: nl

**Chemistry**: nl

*"Write down a diary of Sx when episode occurs".*

Doesn't remember nightmares. He feels awful, bad followed by pressure in chest and shoulder area. But he ate cheesecake / ice cream before each episode.

**Sleep study:** neg for OSA

**Dx: lactose intolerance**

❤️ ***Landmark Cheese Case*** ❤️

**Problem Representation**: 38 y/o gentleman feeling bad after ingestion of cheese containing treats.

**Teaching Points (Manaswini <3)**

- **Never anchor to arthralgia**

**Approach to Arthralgia:** Is it symmetric or not? Crucial to try to differentiate between a problem IN the joint (synovitis) vs a problem around the joint

- Arthritis - If associated swelling, warmth, erythema, or effusion.
- Remember to r/o nutritional causes (VitC/D)
- **Mono** vs **Oligo** (***Infectious****: Exogenous pyogenic pathogen vs* ***Non Inf****: Spondyloarthritis in young, Crystalline disease in old*) vs **Poly** (Viral>others)

**DDx at this stage:** HLA B27 associated, seronegative Ankylosing/ axial spondyloarthropathy, RA, psoriatic arthritis, fibromyalgia, Fx neurologic disorders, PMR

*So how do we distil it down?*

- Chronic **Intermittent** ***discomfort*** seen here. Where is the discomfort coming from? - it is/not just a joint discomfort ?
- How do know there is NO hidden ***Dysfunction***? →**By assessing 1. Vitals signs 2.** Get basic labs **CBC/CMP** to find clues

What are the tests to get in all patients who are **Obese**?: Lipid panel, HbA1c, OSA screening (STOP-BANG)😴🛌, TSH, r/o PCOS, urine pregnancy

- Approach to **INTERMITTENT** symptoms: What does baseline look like? Is it an acute flare due to substance(exo/endo) exacerbating underlying condition.

**What are the endogenous causes of intermittent symp**?- Systemic FLOW related 1.Endocrine, 2.BLOOD related 3.Pipes: vascular inv, +/- GI, 4. Electric( Neurological: seizure, Arrhythmias), 4. OBGYN(Hormones are Cyclical!) is affected making it intermittent!

DDx for walking up from sleep: 1. Sleeping disorder(OSA), 2. Breathing disorder (PND) and 3. GERD (microaspiration)

- Eating disorders: Binge eating and Late night eating (exacerbated his symptoms)

Take away: Journaling goes a long way ❤️ & Cheese is ALWAYS the answer!