



6/15/26 Mainstream Mondays with @CPSolvers

“One life, so many dreams” Case Presenter: Hans (@) Case Discussants: Zakariyya G (@) & Anmol (@)
<https://clinicalproblemsolving.com/present-a-case/>



Scribing (Varsha)
CC: 30Y/M presents with **frequency of urination** and **sensation of burning** for 4 days (referred from the pharmacy)
HPI:
 Uncomfortable burning sensation, improves with urination for 4 days. Reports increased frequency. Lives with male partner who reported mild cold symptoms. Took a dose of doxycycline recommended by his family doctor.

ROS:

PMH:
 Crohn's disease (well controlled)

Meds:
 Infliximab infusion twice a month
 Cabotegravir - for HIV prevention (HIV + partner)

Social Hx:
 Occasional wine

Health-Related Behaviors:
 Lives with male partner (+ HIV)
 Reports no condoms use.
 No tobacco, No illicit drug use

Allergies: NKDA

Vitals: T: nl HR: nl BP: nl RR: nl Sat:nl BMI:
Exam: Gen: mildly uncomfortable
HEENT: wnl
CV: wnl
Pulm: wnl
Abd: mild suprapubic tenderness +, no costovertebral tenderness
GU: erythematous urethral meatus, no penile discharge, no vesicle, rashes, or lesions. Perineum normal

Notable Labs & Imaging:
Hematology:
 WBC: 16,000 (neutrophil predominant) Hgb: wnl Plt: wnl MCV:
Chemistry:
 Na: K: Cl: HCO3: Cr: BUN: Glucose: Ca: Mg:
 AST: ALT: Alk-P: Bili: Albumin: Total Protein:
 ESR: CRP: **elevated** LDH: procalcitonin: **elevated**
STI workup: Chlamydia, Gonorrhea, RPR, HIV, Hep B&C negative
UA: Leukocyte esterase +, 53WBC, 10 RBC/hpf, negative culture
The patient was offered antibiotics but he declined. Symptoms became worse and he returned a week later. Repeated above labs
 Trichomonas NAAT, HSV urethritis, mycoplasma hominis, ureaplasma urealyticum, mycoplasma genitalium were negative.
Repeat UA - pyuria with negative culture
Patient experienced rectal pain
Imaging:
 CT Pelvis: Mildly enlarged left iliac and left suprainguinal nodes. Ill defined hypoattenuation in the right anterior prostate consistent with prostatitis.
Started on empirical antibiotic -ceftriaxone IM and levofloxacin daily. No improvement with symptoms.
 NAAT PCR for adenovirus - positive, 34 million copies/ mL.
Dx: Adenovirus Urethritis and Prostatitis

Problem Representation: 30Y/M came in for **symptoms** of frequency and dysuria, with significant PMHx of Crohn's (on **immunosuppression**) and HIV prevention. UA was **Sterile**, STI workup - negative, with imaging positive for lymphadenopathy and prostatitis. Recurrence of symptoms with no improvement on antibiotics - prompted for adenoviral studies(+) → adenovirus urethritis

Teaching Points (Preethi)

Approach to UTI symptoms in a young male: think about as simple as cystitis to pyelonephritis, perinephric abscess, urethritis, STIs, surrounding infection like appendicitis, colitis irritating the urinary bladder.

In patients with Crohn's, think about fistula formation between the organs causing UTI symptoms (bladder and colon). Inflammatory markers help with ongoing inflammation. Crohn's can also have association with kidney stones, causing microscopic hematuria and UTI symptoms.

CRP, procal elevation- infection/inflammation process. Procal can be elevated in a massive trauma as well. Procal will be very high in bacterial infection.

Negative urine culture with pyuria can still have a possibility of bacterial infection which could not be isolated in urine., eg: chlamydia

In immunocompromised patients, pyuria + negative bacterial culture + antibiotic failure, opens a possibility of a viral infection like adenovirus urethritis and prostatitis. Management is supportive.