8/22/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Jeffrey* ***Case Discussants****: Jeffrey & Daniel*

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

Scribing (Seeme):

CC: 34 y old M patient with 5 months of joint pains

HPI:

Pain in elbow when lifting or gripping, several weeks later pain in L ankle on the inside worse with running and in morning associated with stiffness, fingers and toes hurt, more stiff in the morning and takes an hour in the morning to improve, joint pains are worse in morning, sometimes worse with rest and activity and sometimes improve with rest and activity, worse after rest at night, improves after day activities, no trauma, no weight lifting, PCP recommended to see rheumatology

ROS: neg other than above

PMH:

-

Meds:

Tylenol

Ibuprofen

Fam Hx:

-

Social Hx:

-

Health-Related Behaviors:

-

Allergies:

NKDA

Vitals: normal

Exam: Gen: not in distress

HEENT: wnl

CV: wnl **Pulm**: wnl **Abd** :wnl **Neuro**: wnl

Extremities/skin: synovitis in PIPs on right and left, 2nd PIPon Right, 3rd and 4th PIPs on Left having synovitis, no inflammation in MIP and DIP, pain on wrist extension and lateral epicondylitis of L elbow, L ankle medial swelling, pain in feet (toes) and on ankle movement, onychomycosis and hyperkeratosis of toe nails, 1st and second toe swollen, hyperkeratotic silvery plaques on scalp

Notable Labs & Imaging:

Hematology:

WBC:nl Hgb: nl Plt: nl MCV: nl

Chemistry:

BMp: nl

ESR: nl CRP:nl LDH:

ANA, dsDNA and anti CRP: neg

Dx: Psoriatic arthritis with fungal nail infection

Problem Representation: 34 y old M presented with 5 months of joint pains associated with morning stiffness, exam showed synovitis of PIPs, lateral epicondylitis, hyperkeratosis of toenails and hyperkeratotic silvery scales on scalp.

Teaching Points (Jahanvi)

Chronic joint pain in young patient causes: Trauma, inflammatory

-Diseases that are on surface (Joint pain, Rashes): Look at distribution, nature of inflammation, course, multiple/single joint involvement, associated factors (activity/rest)

-Osteo/Rheumato arthritis : Morning stiffness related to inflammation and movement makes them feel better. Understand what the patient means when they say "Activity"

-Physical examination can point to single joint inflammation while labs tell us more about the systemic picture (ESR,CRP), labs don't tell the origin.

-Is the degree of inflammation relevant from a rheumatological perspective? (physical exam)-swelling which can cause pressure on surrounding areas. Start with examining hands: On P/E look at amount of joint space by flexibility of joint.

-Why Hands? Highest synovium to surface ratio in hands, closest to the surface.

-While degeneration is seen more in wt bearing joints like knees/hips.

-What to order? ANA, Anti-crp, dsDNA (specific vs non specific)

-if negative: think about all seronegative arthropathies

- Fungal vs Psoriasis: On exam no way to tell difference, so start immunosuppressants and start antifungal parallely to treat both.

8//26 Morning Report with @CPSolvers

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

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

Scribing ():

CC:

HPI:

ROS:

PMH:

Meds:

Fam Hx:

Social Hx:

Health-Related Behaviors:

Allergies:

Vitals: T: **HR**: **BP**: **RR**: **Sat**: **BMI**:

Exam: Gen:

HEENT:

CV:

Pulm:

Abd:

Neuro:

Extremities/skin:

Notable Labs & Imaging:

Hematology:

WBC: Hgb: Plt: MCV:

Chemistry:

Na: K: Cl: HCO3: Ca: Mg: BUN: Cr: Glu:

AST: ALT: ALP: T. Bili: T. protein: Alb:

ESR: CRP: LDH:

Imaging:

EKG:

CXR:

Echo:

Problem Representation:

Teaching Points ()