



Seed
GLOBAL HEALTH



EMS ECHO CASE PRESENTATION

By

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Clinical presentation

Case - BG, a 23/F unwell for about 11/12, painful swellings of joints of the hands, knee and elbow pain worse in the morning with stiffness > 1 hour, symptoms worsened 1 month prior to admission and associated skin discolorations and fevers.



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Primary Survey (Emergency Assessment and Management)

A	Airway	Patent	N/A
B	Breathing	Not in respiratory distress, RR=18 bpm, SPO2=98% RA, Vesicular breath sounds	N/A
C	Circulation	Warm peripherals, CRT<2s, pallor(2+), PR= 105 bpm, Regular & normal volume BP: 116/79 mmHg Apex 5 th ICS MCL HSI & II normal	N/A

Primary Survey (Emergency Assessment and Management)

D	Disability	Alert, GCS=15/15, pupils 3mm, PEARL, No craniopathy Normal motor and sensory exam in the UL but difficult to perform in the LLs. RBS= 5.8mmol/L	<ul style="list-style-type: none">- IM Dynapar 100mg start- Oral Prednisolone 40mg o.d x1/52- Dynapar spray QID PRN
E	Exposure	Temperature=38.2°C Multiple darky patchy lesions on the skin, purpura, no edema	

SAMPLE History

S	Sign & Symptom	Swollen painful joints, high-grade fevers, epigastric pain, melena stool, skin discolorations, deformities
A	Allergies	No known allergies
M	Medication	She has been on triancinalone, celecoxib and Azathioprine for over 1 year

SAMPLE History

P	Past Medical History Past Surgical History FSH	No other chronic illnesses, HIV sero negative Unremarkable Single lady, lives with parents, s.6 student, no h/o smoking
L	Last meal/LNMP	Last meal: 2 hours ago, lunch
E	Events	N/A

Secondary Survey (Head-to-toe examination)

Head and Neck – No deformities and no injuries

Chest –Not in R.D, resonant percussion note on all lung fields. Vesicular breath sounds bilaterally.

Upper Limb -Grade III finger clubbing with a mallet left digiti-minimi finger, and a boutonniere's deformity of the right digiti minimi . Swollen and tender stiff PIP joints with limited motion.

Her elbows - multiple hyper-pigmented plaques (erythema elevatum diutinum)



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Images



Secondary Survey (Head-to-toe examination)

Abdomen - mild epigastric tenderness

Genitalia – Normal

Lower limbs -Purpura involving the gluteal areas & anterolateral aspects of the thighs bilaterally with induration in the affected areas



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Problem List

- Painful and swollen joints
- Epigastric pain
- Melena stool
- Anemia
- Fevers
- Tachycardia
- Bleeding under the skin

Investigations

- CBC- WBC-34.46, Neu-28.64,HB-6.8g/dl,HCT-20,PLT-691
- PBF - neutrophilia with toxic granulations, thrombocytosis with normal structure, no blasts, normocytic normochromic anaemia
- ESR-68mmhg, CRP-52mg/l,(Elevated)
- Rheumatoid Factor-Positive,
- Anti CCP=219.0U/ml-Elevated

Investigation

- ANA-Negative, C-ANCA - 0.125,P-ANCA-0.54.(Normal)
- HIV-Negative, Hepatitis B , Hepatitis C antibody-Negative
- **C3 Complement level-1.90 Elevated**
- C4 Complement level- 0.33 Normal
- RFTs- Normal
- LFTS-Normal

Differential Diagnoses

Impression

Rheumatoid arthritis complicated by vasculitis

DDX

- Septic arthritis
- SLE
- Gout Arthritis
- UGIB
- Reactive arthritis

Management

- IV Methyl Prednisolone 1g OD x3/7
- Oral Prednisolone 20mg BD
- Tabs Azathioprine 100mg OD X1/12
- IV Omeprazole 40mg OD for 5/7
- IV PCM 1g TID for 1/52
- Caps Pregabalin 75mg nocte X1/52
- BT of 3 units of O⁻ PBCs

Follow-up

- Day 4 of Rx, significant improvement, passed stool of normal color, walks with minimal pain
- She was discharged on Day 10 of admission on Azathioprine and Oral Prednisolone

Disposition Plan

- Health education
- Discharge Medications: Azathioprine, Prednisolone
- Review in Rheumatology clinics after 2/52
- Enrolled to attend routine Rheumatology clinics

Thank you