DISSEMINATED GONORRHEA

Arthritis

Noninflammatory

- Osteoarthritis
- Trauma
- Hemarthrosis
- Charcot joint
- Osteonecrosis
- Hypertrophic osteoarthropathy
- Episodic arthritis of cystic fibrosis
- Acromegaly
- Hemochromatosis

Inflammatory

Monoarticular

- Crystal arthropathy
- Infectious (acute)
- Infectious (chronic)
- Early oligoarthritis

Oligoarticular

- Disseminated gonorrhea
- Spondyloarthritis
- Spirochetal infection
- Löfgren's syndrome
- Henoch-Schönlein purpura
- Cryoglobulinemia
- Behçet's disease
- Early polyarthritis

Polyarticular

- Rheumatoid arthritis
- Systemic lupus erythematosus
- Viral infection
- Polymyositis/ dermatomyositis
- Still's disease
- Rheumatic fever
- Serum sickness
- Sarcoidosis

CC: fever, joint pains

HPI: 40 yr old woman.
- Left shoulder pain and left hand pain radiating from index finger to base of thumb for ~1 week.
- Right knee pain ~2 weeks ago, now resolved
- Fevers up to 103F at home. In contact with coworker who recently rested positive for Covid-19.
- No trauma / injury

- Neg: chills, neck pain or stiffness, headache, SOB, cough, dysuria, nausea, vomiting, diarrhea

PMH: Hx syphilis (s/p tx in 2017), Hx chlamydia (s/p tx in 2017).

SurgHx: B/l tubal ligation

SH: Denied ETOH, tobacco, or drug use.
- Pt and current partner are monogamous
- Hx of male partner who had extramarital affairs

ALLERGIES: NKDA

MEDS: none

PHYSICAL EXAM:

Tmax: 37.1C, **BP:** 138/88, **HR:** 86, **RR:** 20, **SpO2:** 100% on RA

General: well appearing, NAD

HEENT: AT & NC, PERRLA, EOMI, nonicteric sclera, MMM, supple neck

CV: RRR, no M/R/G

Pulm: unlabored breathing on room air, CTAB

GI: nondistended, nml bowel sounds, soft, nontender, no HSM

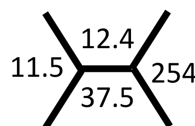
MSK: no edema, no cyanosis, **left index finger and thumb MCP swelling and TTP, pain when left index finger flexes to 20º,** full painless ROM in shoulders, elbows, and wrists.

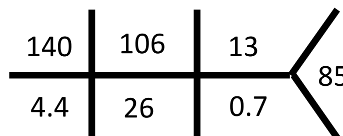
Back: no CVA tenderness, no bony tenderness along spine

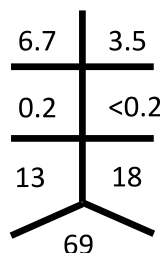
Skin: No rashes, no lesions

Neuro: A&Ox3, answering questions appropriately, no focal deficits

LABS:







UA
SG: 1.014
Trace protein
Hgb: negative
Nitrites: negative
LE: 3+
23 WBC / HPF
Rare bacteria

Urine cultures x2
No growth / mixed uroflora

Blood cultures x2
Gram neg diplococci, not N meningitidis

Urine
CT/GC: positive CT & GC

Pharyngeal
CT/GC: negative

Rectal
CT/GC: positive CT & GC

Covid-19: negative

HIV: negative

Syphilis Ab: detected
Syphilis RPR titer: 1:1

PROBLEM REPRESENTATION:

Early-middle age woman with hx of STDs (syphilis and chlamydia s/p tx) and subacute hx of polyarthalgias, presenting with fevers and acute arthritis / tenosynovitis of left hand.

DIAGNOSIS: DISSEMINATED GONORRHEA

LEARNING POINTS:

- Reviewed how to think about arthritis by categorizing **noninflammatory vs inflammatory** and **mono-/oligo-/polyarticular etiologies**
- CDC screening recommendations
  - Men: those at high risk (MSM)
  - Women: can be asymptomatic
    - **<25 yrs old** and **≥ 25 yrs old + STI risk factors**
- Preferred screening and dx test
  - Uncomplicated: **NAAT** (urine, genital/throat/rectal swab)
  - Disseminated: **Blood, joint, abscess, and/or CSF cultures**
- Gonorrhea Treatment
  - Increasing azithromycin resistance
  - **Ceftriaxone** monotherapy

- !BONUS! Chlamydia Treatment
  - Increasing azithromycin resistance too
  - **Doxycycline** 100mg BID x 7 days