

INFECTIOUS ARTHRITIS

I1 Tuberculous Arthritis in Patients with Gout: A Report of Two Cases

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1. Best poster, 12th PCP Convention, Shangri la Hotel, Manila. May 2005
2. 3rd Place-Case Report Category. 12th PRA Convention. Mactan, Cebu. Jan 2005
3. Future in Rheumatology: from bench to bedside. Abstract Book. APLAR 2004. (P217) p. 126
4. Poster Presentation. 11th APLAR Convention. Korea, September 2004

INTRODUCTION: The occurrence of gouty arthritis and tuberculous arthritis in a single patient is uncommon. In 1989 and 1997, two cases of chronic tophaceous gout were reported in the USA from whose joints tuberculosis (TB) and monosodium urate crystals were seen. In the Philippines, a case of TB arthritis was reported in 2000 to have occurred simultaneously with pseudogout. Joint infection with Mycobacterium tuberculosis is limited by cellular immunity. In the setting of diminished host immunity or a previously injured joint, multiplication of the bacteria may occur with hematogenous and lymphatic spread.

PURPOSE: To describe two cases of tuberculous arthritis occurring simultaneously with gout.

METHODS: Case Report

CASE DESCRIPTION: The first case is that of a 35 year old male admitted for community acquired pneumonia and right knee arthritis. He was being treated for pulmonary TB with poor compliance to medication. He has been self-medicating with dexamethasone for the recurrent right knee pain. Fluid aspirated from the affected joint is positive for both TB by AFB smears and monosodium urate crystals by polarized microscopy. The second case is that of a 41 year old male admitted for recurrent knee effusion over a period of 3 years unresponsive to colchicine, non-steroidal anti-inflammatory medications, and recurrent aspiration. Synovial fluid analysis is positive for urate crystals and TB by polymerase chain reaction method.

RESULTS: Both patients responded well to quadruple anti-tuberculous therapy, colchicine and non-steroidal anti-inflammatory medication.

CONCLUSION: Tuberculous arthritis can occur in an insidious manner, with pain and swelling of the affected joint. It should be considered as a complicating condition in a patient with gout presenting with recalcitrant course or among those on chronic steroid use.

I2 Pott's Disease in a Patient with Myelofibrosis

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A 76 year male has been maintained on prednisone (average 10 mg/d) and occasional blood transfusions for myelofibrosis in the past 5 years. He presents to the clinic with sudden onset severe back pain, and paraplegia; neurologic exam discloses nerve root compression at the level of T10 to T12. An MRI and bone biopsy confirms the diagnosis of Pott's disease with spinal cord compression.

ISSUES: Medical management of Pott's; underlying factors; Orthopedic management; Rehabilitation with or without surgical intervention.

I3 Septic Arthritis due to Candida Tropicalis in a Patient with Leukemia

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1. **Phil J of Internal Medicine Nov-Dec 2000. 38(6): 328-330.**
2. **Paper Presentation. 6th PRA Annual Convention. January 1999.**

We describe a case of 41 year old Filipino male who developed septic arthritis due to *Candida tropicalis* during the course of his treatment for acute lymphocytic leukemia. A review of cases of candidal arthritis shows three such previously diagnosed cases caused by the same organism, all occurring in patients with haematologic malignancies. In contrast, however, our patient did not have evidence of extraarticular candidiasis.

I4 Mortality and Morbidity of Patients with Septic Arthritis at UP-PGH

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Presented at the APLAR Congress, Kuala Lumpur, Malaysia, 1994

Bacterial arthritis is an urgent rheumatic disease as it is capable of causing rapid and severe joint destruction. Its prompt and correct diagnosis and treatment remains a challenge to the managing physician. Our current knowledge on the nature of bacterial arthritis is largely based on retrospective studies.

A review of 120 cases admitted at the UP-PGH for a period of Jan 1989 to June 1993 was done. There was a 2.41:1 male to female ratio (85M:35F) with a wide age range of newborn to 81 years old. The common joints affected were the knees, ankles and hips. The organisms that grew in culture were: Staph. aureus, Achromobacter, Acinetobacter, sp., alpha-stretococci and Pseudomonas aeuroginosa. These cultures were obtained from drainage with arthrotomy. In almost all of the cases, treatment was IV Cloxacillin. An average length of hospital stay was 66 days. A mortality of 2.5% (3 patients) was noted.

Our clinical profile on bacterial arthritis showed that the standard of early diagnosis, prompt surgical intervention and full, adequate antibiotic coverage were considered to have a fairly good eventual outcome in our setting

I5 Infectious agents in arthritis and autoimmunity.

Sandra Navarra, MD

Modern Rheumatology. 13:97-102, 2003.

I6 Infectious Arthritis among Filipino Patients with Rheumatoid Arthritis: A Case Series

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OBJECTIVE. To describe the clinical features, contributing factors, and clinical course of infectious arthritis (IA) in a group of Filipino patients with rheumatoid arthritis (RA).

METHODS. The medical records of RA patients seen at 2 tertiary hospitals were reviewed. Data on demographics, duration of RA, co-morbidities, immunosuppressive use, clinical presentation, etiologic agents, treatment and outcome were obtained.

RESULTS. Infectious arthritis (IA) was recorded in 5 RA patients (1 male) among the 49 RA patients regularly seen at St. Luke's Medical Center and University of Santo Tomas Hospital from 2002 to 2007. The age at IA diagnosis ranged from 18 to 71 years, with a mean RA duration of 4.6 years to the onset of

infectious arthritis. All were maintained on methotrexate, and 4 were on steroids; other immunosuppressives included leflunomide and cyclosporine, and one patient had received infliximab. The mean duration of joint symptoms prior to IA diagnosis was 3.2 weeks, was mono-articular in 4 and involvement of both knees in 1 patient. The infectious etiology was bacterial in 3 and tuberculous in 2. All had excellent prognosis after appropriate antibiotics, with surgical debridement performed in 4 patients.

CONCLUSION. This case series illustrates the importance of considering a superimposed infectious arthritis among RA patients, particularly those with persistent inflammation in 1 or 2 joints out of proportion to the rest of the other established RA joints. Immunosuppressive drug use and a prosthetic joint (1 patient) were among the contributory factors in this series. Early diagnosis and aggressive management likely led to the favorable outcomes of our patients.

17 Mycosis Fungoides in a 25 Year Old Male with Rheumatoid Arthritis: A Case Report

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A case of a 25-year old male with rheumatoid arthritis was admitted due to skin lesions, hepatosplenomegaly and anemia. The lesions were purplish to dusky red macules sometimes coalescing into patches located all over the body. Flesh-colored papules and nodules were also noted on the face. Biopsy of skin lesions showed infiltrates of atypical lymphocytes which were seen in the upper and deep dermis. The cells exhibited enlarged hyperchromatic and lobulated nuclei with scant cytoplasm. Some cells within the epidermis showed neoplastic lymphoid lesion and is indicative of mycosis fungoides. The cells were positive for CD3 immunostain and is consistent with a T-cell lymphoproliferative lesion, compatible with Mycosis Fungoides.