

FELLOW CHALLENGE NOVEMBER-DECEMBER 2004

A 15 year old male has had a rash on his chest for 10 months. The rash has responded poorly to topical creams. He has also experienced low grade fevers intermittently and severe joint pains. He has had no other rashes. His review of systems is negative for swollen joints, high fevers, weight loss, mouth ulcers, alopecia, Raynaud's, muscle weakness, color changes to his extremities, or hyperesthesia.

Physical exam reveals a health appearing adolescent male in no distress. He has a prominent raised, red rash on his chest (Figure 1). His knees and elbows are tender and painful on range of motion. There is no joint swelling or limitation of motion. He has no muscle weakness. He has no enlarged lymph nodes, enlarged liver or spleen, heart or lung findings, mouth sores or palatal rash. The rest of his exam is normal.

Lab tests reveal hemoglobin of 10 g%, a WBC of 6500 cells/mm³. The platelet count is 480,000 cells/mm³. The ESR is 118 mm/hour. The chemistries and urinalysis are normal. The ANA and RF are negative. Blood cultures are negative. The bone scan is positive for increased uptake in multiple extremity bones.



Figure 1



Figure 2

A. Your diagnosis is: _____

1. Tuberculosis
2. Psoriatic arthritis
3. Chronic multicentric osteomyelitis
4. SAPHO syndrome
5. Systemic onset JIA
6. Reactive arthritis

B. The teen improves dramatically over the next year on which medication (ESR decreases to

13 mm/hour)?

1. Naproxen
2. Solumedrol pulses
3. Cyclophosphamide
4. Thalidomide
5. Methotrexate
6. Colchicine

Please e-mail or fax your answer to Linda Wagner-Weiner at lww@uchicago.edu or 773-363-0427.

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