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Quad-Trouble: A Case Report

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ABSTRACT:
In the clinical practice, a patient may present a symptomatic picture that is common to many diseases.
A Young man presented with multiple aches and pains, the clinical evaluation went through a gamut of diagnosis, being presented here to highlight the fact that allergic rhinitis is a systemic disease not a localised one as frequently thought and a male suffering from SLE is unusual.

CASE REPORT

A 28-year-old male admitted with the complaints of fever with chills, muscle pain and pain in bilateral knee joint, shoulder joint since 1 week. The past medical history was significant for the presence of hypothyroidism and childhood history of idiopathic thrombocytopenic purpura. The patient gave history of allergy to dust and history of hairfall.

On examination, Weight was 72kgs, Height was 165 cms, blood pressure was 130/80 mmHg, heart rate was 90/min, respiration rate 22/min and temperature 38.0°C. There was no rash or petechiae. The head and neck were normal, the conjunctivae showed pallor. The throat showed the presence of a cobble stone appearance. The lungs were clear and the heart sound was normal without murmur. Musculoskeletal examination showed tenderness over shoulder and knee joints bilaterally. Abdominal examination showed no organomegaly. Neurological examination was normal.

On day 1, Investigations showed anemia, leucopenia and thrombocytopenia. In the view of the symptoms the dengue panel and chikungunya were sent which turned out to be positive for Dengue (IgM) and negative for chikungunya. The IgE levels were markedly elevated. TSH was 9.66. CPK was normal. The chest X-ray and X-ray PNS was normal. The patient commenced on IV fluids, antipyretics, multivitamins, antihistamines and Nasal corticosteroid spray. The dose of the thyroid supplements was optimized.

On day 2, the patient complained of chest pain left sided which was pleuritic in nature and marked tenderness over costochondral junction. Hence the Vitamin D was sent which was extremely low value of 8.5. The patient was commenced on vitamin D and analgesics.

On day 3, the patient complained of pain but of lower intensity and CBC repeated showed improvement in the leucocyte count and platelet count. Hence the same treatment was continued.

On day 4, the patient complained of severe pain in small joints in the hand with reduced intensity in shoulder and knee joints. Then the autoimmune workup was done which showed negative for rheumatoid factor and anti-CCP. The ANA was strongly positive with 1:640 dilutions. The ANA profile was positive for nucleosomes, Ro 52 and rib p-protein. The patient was commenced on steroids and hydroxychloroquine. Before starting hydroxychloroquine the baseline fundus examination was done which was normal.

On the day 5 and 6, the patient continued on same treatment and he got discharged with no fever and no pains.

The patient was followed up after 2 months, he still had the respiratory symptoms with minimal improvement in myalgia and arthralgia. 6 months after the discharge the patient was devoid of symptoms.

DISCUSSION:

When a patient presents to the clinic with a set of symptoms, one of the physician's tasks is to construct a differential diagnosis and by means investigations to establish the most likely cause of the presenting complaint. In this case the patient was multiple causes pointing towards the same complaint.

Allergic Rhinitis is a systemic disease associated with circulating activated T lymphocytes and mononuclear phagocytic cells. The activation

of these cells is demonstrated by their production of cytokines associated with innate immunity, such as IL-1, TNF-α, and IL-6. These cytokines are responsible for the lethargy, fatigue, arthralgias, myalgias, and cognitive impairment. (1)

Dengue Fever follows both primary and secondary infections, and is most frequently encountered in adults and older children. Onset of symptoms is characterized by a biphasic, high-grade fever lasting for 3 days to 1 week. (2,3) Severe headache (mainly retrobulbar), lassitude, myalgia and painful joint, metallic taste, apetite loss, diarrhea, vomiting, and stomachache are the other reported manifestations. Dengue is also known as breakbone fever because of the associated myalgia and pain in joints.(4,5) Of patients with DF, 50–82% report with a peculiar cutaneous rash.(6,7)

Vitamin D deficiency is recognized to be very common. It causes weakness involving proximal muscle groups (i.e., large muscles in the pelvic girdle and quadriceps). Specific proximal muscle defects are commonly described including difficulty standing, squatting or climbing a flight of stairs.(8-10) It also causes diffuse myalgia along with myopathy. The pain distribution is complicated by the possible presence of osteomalacia in subjects and associated bone pain due to micro-fractures.(11-13)

SLE may present with various systemic manifestations. The general symptoms include: fever, malaise, arthralgias, myalgias, headache, and loss of appetite and weight. characterized by soft tissue swelling and tenderness in joints and/or tendons, most commonly in hands, wrists, and knees. Joint deformities (hands and feet) develop in only 10%.(14)In contrast to rheumatoid arthritis, SLE arthritis or arthralgia may be asymmetrical, with pain that is disproportionate to swelling (15,16)

CONCLUSION:

This case has been reportedto highlight the fact that allergic rhinitis is not a localised allergic phenomenon but instead a local manifestation of systemic disease. Secondly to highlight the fact that the importance of eliciting the history in the case of thrombocytopenia albeit misdiagnosed as ITP.Lastly in this case multiple causes causing the same manifestation.

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