

Persistent Fatigue and Joint Pain — Men's Crew

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HISTORY: A 19-year-old male complained of a sore throat without cough for 3 days associated with aches and chills but no fever. Two days later he noted dysphagia, headaches and poor sleep. Sore throat improved but fatigue and aches persisted and he then complained of dysuria. He denied abdominal pain or penile discharge. Urinary symptoms slowly resolved but again returned complaining of bilateral eye redness and discharge. Despite treatment his eye symptoms had worsened and his joint pain was severe at bilateral knees, back and shoulders.

PHYSICAL EXAMINATION: Initial examination was unremarkable. At follow up patient was febrile (T 101.8F) and oropharyngeal exudates and tender cervical lymphadenopathy were noted. When the patient complained of urinary symptoms abdomen exam was benign and no costovertebral angle tenderness elicited. When the patient presented with eye pain, physical exam did reveal bilateral conjunctival injection, blepharedema and clear ocular discharge. Joint exam was negative for effusions and erythema with mild tenderness to palpation.

DIFFERENTIAL DIAGNOSIS: 1. Viral Syndrome 2. Strep throat 3. Infectious Mononucleosis 4. UTI 5. Prostatitis 6. Conjunctivitis 7. Allergic reaction to eye drops 8. Over-training 9. Reactive Arthritis

TEST AND RESULTS: Rapid Strep and Culture: negative, Monospot: negative, CBC with differential: unremarkable, Urinalysis: pyuria and trace blood, Urine Culture: negative, Urine GC/Chlamydia: negative, ESR: 39mm/hr (0-15), CRP 1.7mg/dl (0-1.0), HLA-B27: negative.

FINAL/WORKING DIAGNOSIS: Reactive Arthritis (formerly known as Reiter's Syndrome)

TREATMENT AND OUTCOMES: 1. Supportive care 2. Penicillin for presumed Strep throat (dysphagia resolved) 3. Keflex for presumed UTI 4. Bactrim DS for Prostatitis (dysuria resolved) 5. Gentamicin eye drops for conjunctivitis 6. Switched to Tobramycin eye drops per Ophthalmology consultation (conjunctivitis resolved) 7. Doxycycline, Prednisone and Naprosyn (for severe persistent joint pain) 8. Sulfasalazine per Rheumatology consultation 9. Frequent follow-up until resolution of symptoms 10. Graded return to activity as tolerated over 3-4 days. The patient had no further complaints of joint pain. May follow up at the University Clinic and Rheumatologist at any time.