

Nocturnal Knee Pain in a Daytime Walker

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HISTORY: 68 y.o. male presents to office complaining of B/L knee pain, L>R. Pt is a former football player, but now mostly walks outdoors and on a treadmill for exercise. He denies any trauma to either knee in the past. He states that most of the pain occurs at night, and he describes it as a constant, sharp, shooting pain across the anterior knee. He denies pain with exertion or exercise. He denies swelling, locking, popping or giving way. Ibuprofen provides a moderate amount of relief in order for the patient to sleep at night.

PHYSICAL EXAMINATION: No ligamentous instability of the B/L knee. Negative McMurray's of B/L knee. No effusion noted of the B/L knee.

DIFFERENTIAL DIAGNOSIS: 1.) Erdheim-Chester Disease 2.) Myelofibrosis 3.) Osteopoikilosis 4.) Metastatic Prostate Cancer 5.) Paget's Disease 6.) Infarct 2° to sickle cell crisis/disease 7.) Osteopetrosis 8.) Hyperparathyroidism 9.) Vitamin D Toxicity 10.) Flouride Toxicity

TESTS AND RESULTS: XRAYs of B/L knee show nonspecific sclerosis involving the femoral and tibial shafts bilaterally. Bone scan is recommended for further workup. Bone scan shows diffuse abnormalities. Abnormal uptake is seen within calvarium, clavicles, humeri, forearms, wrists, hands, sternum, ribs, left superior pubic ramus, and spine. Diffuse abnormal uptake within femurs, Tibias, and ankles. Faint activity is seen within the kidneys. Urinary bladder intact.

FINAL/WORKING DIAGNOSIS: Erdheim-Chester Disease

TREATMENT AND OUTCOMES: Patient was seen by Rheumatologist for suspected diagnosis of Paget's Disease; however, upon further testing Paget's Disease was proven to be less likely. He is currently awaiting Hematology referral.

****NOTE:** Receipt of medical records from the patient's initial presentation to PCP, as well as specialists are pending at this time. More information about history, physical exam, and laboratory studies will be provided upon receipt of these records.