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### Septic Arthritis with Concomitant Pseudogout

Ravin Patel

*Rowan University*

James Schuck

*Rowan University*

Nicole Zucconi

*Rowan University*

David Aderholdt

*Inspira Health Network - Vineland*

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# Septic Arthritis with Concomitant Pseudogout

Ravin Patel, DO PGY-I, James Schuck, DO PGY-I, Nicole Zucconi, DO, David Aderholdt, DO  
Inspira Health Network Vineland, NJ

## Introduction

- Monoarticular joint pain is a common complaint, however it demands a broad differential diagnosis. These differentials include fracture, dislocation, septic arthritis, gout, pseudogout and several others. The diagnosis of septic arthritis requires a high index of suspicion as early diagnosis is a vital part of initial treatment.
- We present a case with multifactorial joint pathology contributing to a patient's presentation, specifically septic joint and pseudogout. The incidence of these entities being present in the same patient, let alone the same joint is not well documented in the literature.
- The presentation of these diseases have a multitude of similarities and differences, that initial diagnosis of pseudogout should not rule out septic arthritis and vice versa. Our aim is to add an additional case to the literature to present a patient who suffered from a pseudogout attack and septic arthritis simultaneously.

## Physical Exam and Investigative Studies

Vitals: BP 155/78  
mmHg, Temp 36.5 HR  
85bpm, O2 96% RA

MSK: On inspection, left knee without gross deformity, diffuse soft tissue swelling, erythema of the left lower extremity.

Cardiovascular: Regular rate and rhythm. Pulse intact bilaterally in the upper and lower extremities.

HEENT, Pulmonary, Abdominal, and Neurological exam within normal limits

- Initial labs demonstrated leukocytosis of 30.4. CRP was elevated to 23.8. Initial arthrocentesis results demonstrated 88.0 neutrophils, slight cloudy and yellow synovial aspirate with calcium pyrophosphate crystals.

Admission Complete Blood Count

30.4  
12.2  
36.8  
149

Admission Basic Metabolic Panel

136 | 102 | 16  
3.4 | 24 | 0.8  
241

## Hospital Course

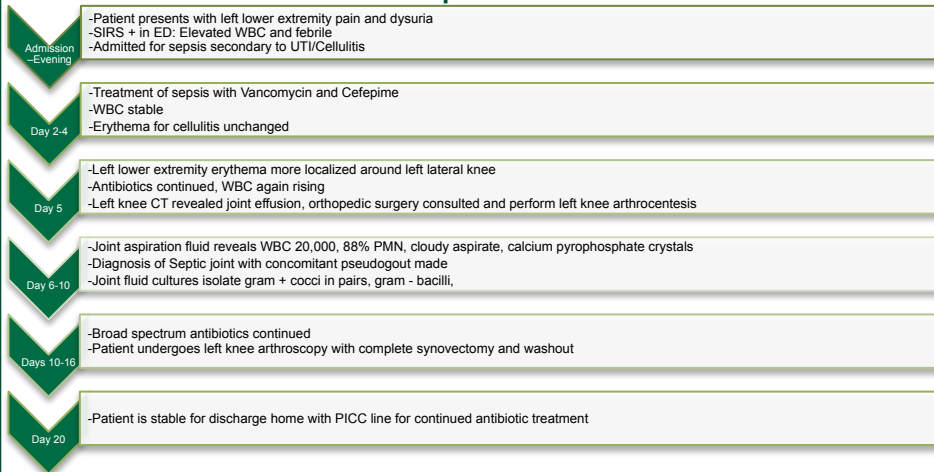


Figure 1. X-ray of Left Knee demonstrating large effusion

## Discussion

- Ultimately the diagnosis of septic arthritis or pseudogout should not interfere with the prompt diagnosis of other diseases that may be affecting either a single or multiple joints. Our aim with this case is to highlight a case of a patient who initially presented for cellulitis of the lower extremity but was found to have not only septic arthritis but pseudogout as well.
- To prevent delay of care or discrepancies between diagnoses, it is vital to maintain a broad differential when approaching monoarticular joint pain
- Our aim is to urge physicians to obtain thorough history and physical in the inpatient setting which may contribute to early diagnosis of acute pathology requiring more timely intervention.

## References

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