

Cutaneous necrosis and destructive polyarthrititis – a puzzle solved in 17 days

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64 year old man comes to the ER...

- History – insignificant
- Complaints – diarrhea for a few days, hematuria afterwards, then joint pains (mainly wrists, knees and ankles) and „rash“.
- Physical exam
- K^+ 2,84 mmol/l [3,5 – 5,3]
- Creatinine 140 $\mu\text{mol/l}$ [40 - 100]
- CRP 360 mg/l [<5]
- WBC $15,7 \times 10^9/l$ [$4 - 9 \times 10^9$]



First differential??

- Hemorrhagic cystitis with reactive polyarthrititis and erythema nodosum?
- Cryptogenic sepsis?
- Vasculitis?

- Starting treatment – empiric ATB, analgetics, K+ supplementation, iv. fluids

Moving the patient to the ICU ...

- Excrutiating joint pain, dyspnea, CRP still high
- Imipenem/Cilastatin, steroids, searching for infection negative repeatedly
- Newly forming ulcers!





25. 1. 2014



28. 2. 2014



New differential?

- Infection less likely, maybe TB?
- Vasculitis?
- Paraneoplastic syndrome?
- Plague? 😊

- Turning point ahead...

PPP syndrome

Pancreatitis, polyarthrititis, panniculitis

- Extremely rare (1970 – 2008 about 30 case reports worldwide)
- Etiology and pathogenesis – acute or chronic pancreatitis, pseudocysts, tumors (adenocarcinoma from acinar cells)



Confirming the diagnosis ...

- Blood chemistry: AMS 21, LPS 68 $\mu\text{kat/l}$ [<2]
- Synovial fluid: AMS 7, LPS 9 $\mu\text{kat/l}$
- Cutaneous biopsy from lower limb: fat necrosis

Treatment and aftermath

- Combined enteral and parenteral nutrition
- High-dose Octreotide
- Endosonography
- ERCP

ID:

Beskydske gastrocentrum

OLYMPUS

NAME:

AGE:

DOB:

SEX:

18/02/2014

13:32:43

6MHz 9cm

G:17/19 I:L1

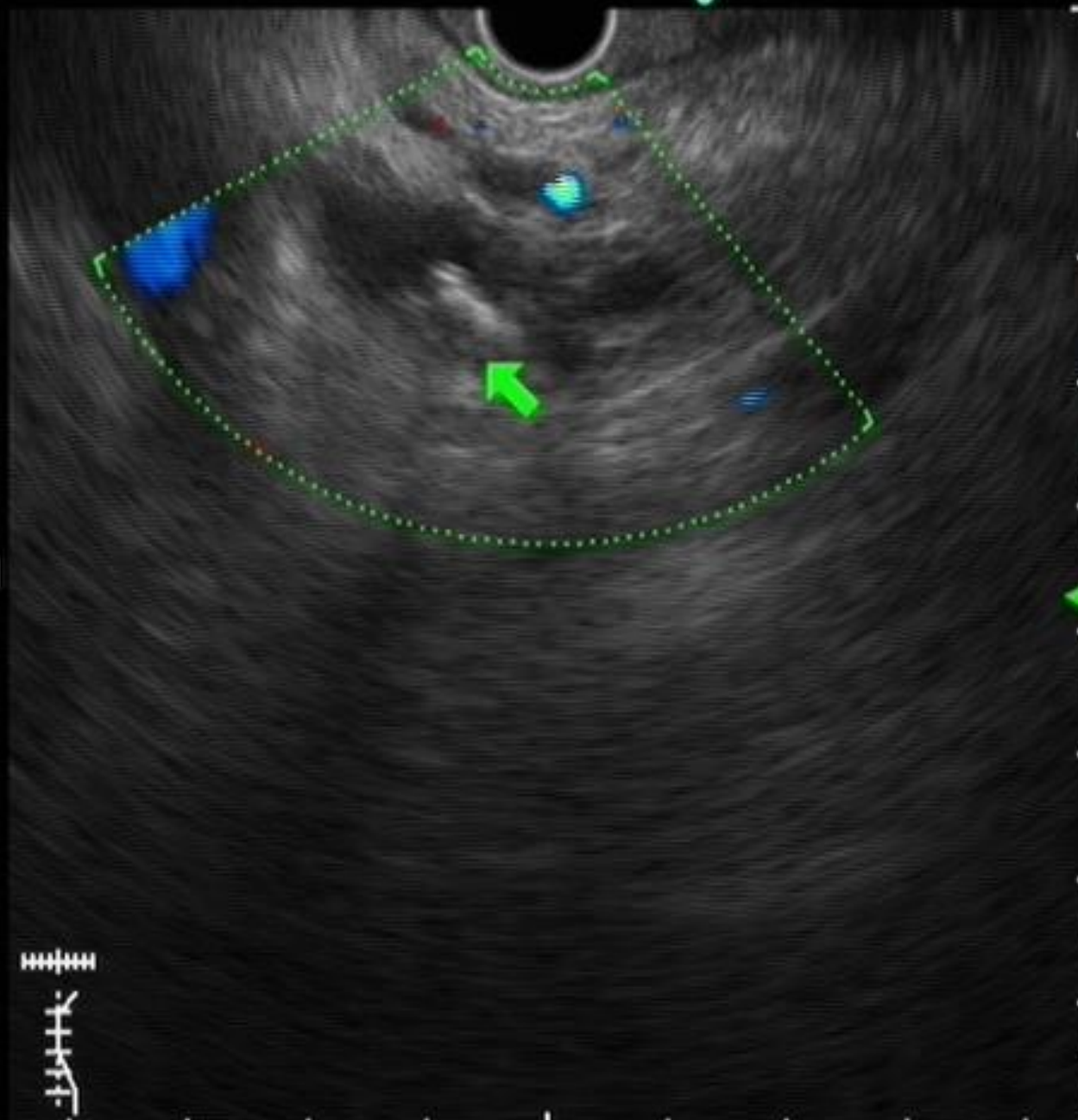
C:3/8 FC:1

L.DEN:x1.0

TX: 88%

MEDIA 

T/B:ROI LOC

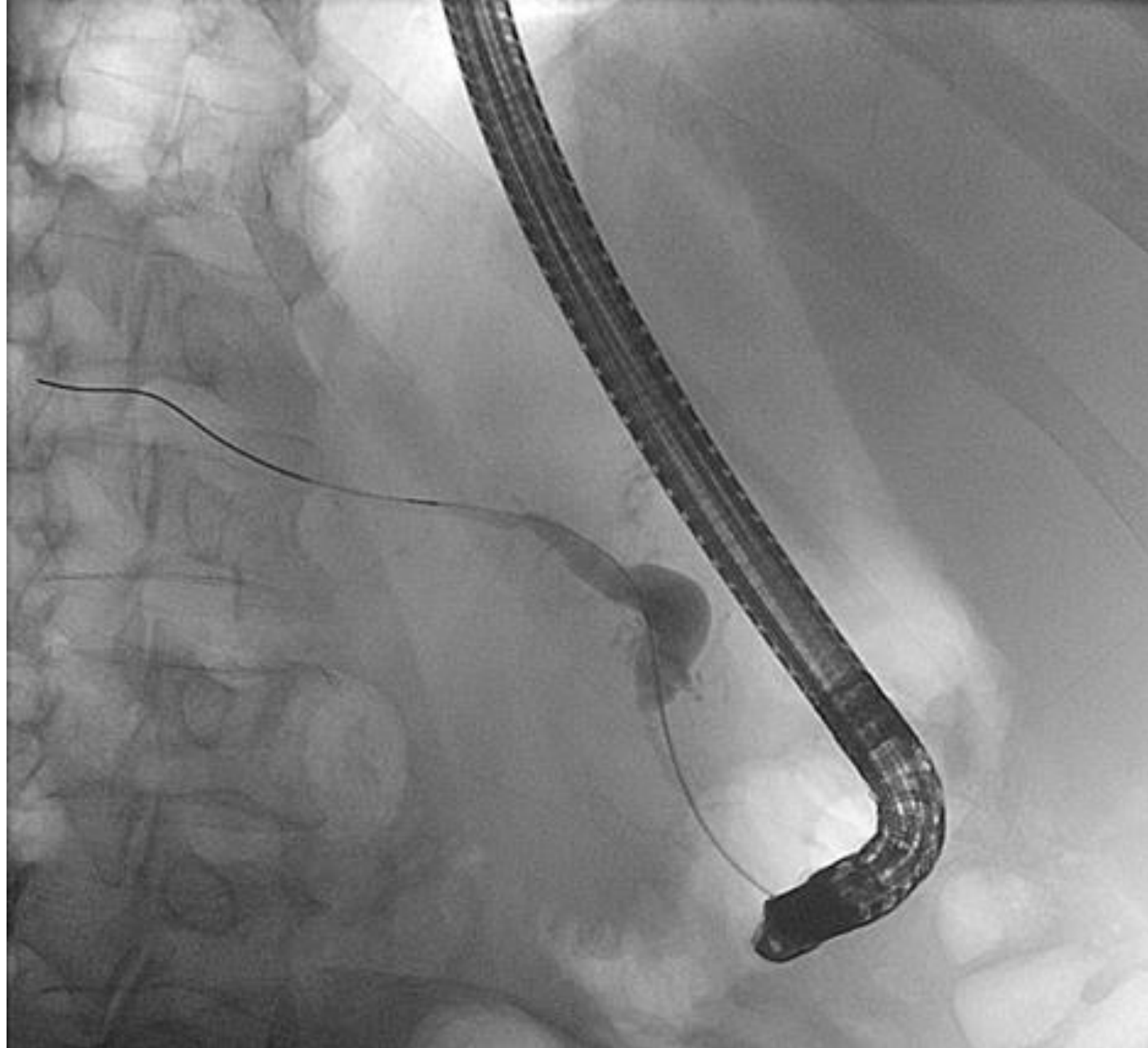


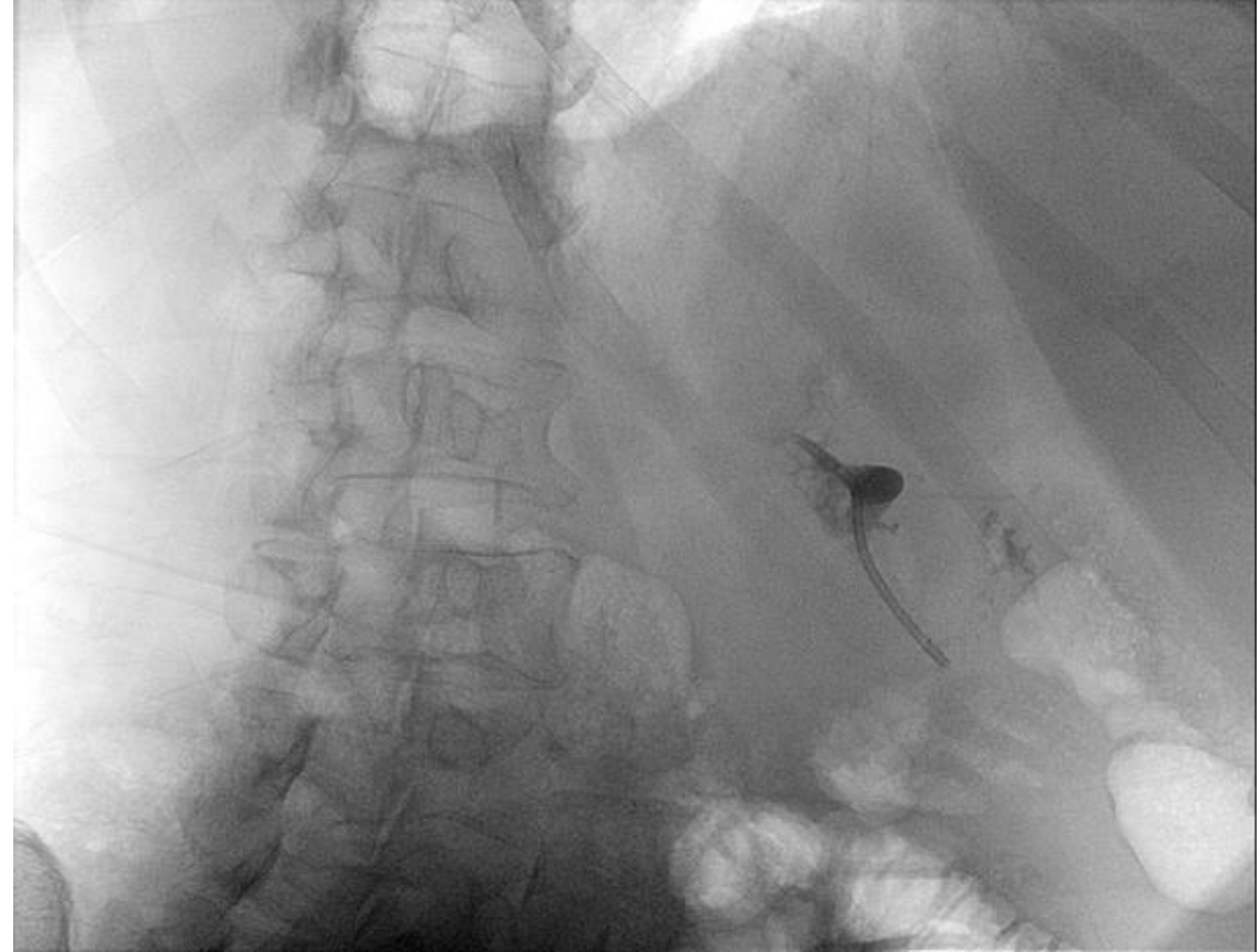
±6.0
CFG:
19



DIR:
NOR
SCL:
10mm

CNCT:L 





Aftermath ...

- Patient moved to a surgical ward
- Despite an intensive wound care, he subsequently needed amputation of both his legs
- Right arm was endangered, but saved
- Moved to rehabilitation facility after 11 months in hospital

Take home messages

- More common diseases are more common, but rare ones exist as well
- Erythema nodosum in older patients!
- Measure AMS and LPS in unusually presenting arthritis

Thank you for your attention!



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