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## Visual Case Discussion

## Unilateral joint pain and fever

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## ARTICLE INFO

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## Visual case discussion

61 year old male with a past medical history of gouty arthritis presented to the emergency room with two days of left knee pain and swelling. A similar episode 6 months ago resolved with naproxen. Review of symptoms was negative for fever, chills, or other joint pain. Physical exam revealed fever to 38.2 °C and edema, erythema, and warmth of the left knee joint, along with tenderness to palpation. Range of motion was limited by pain (Fig. 1.).

Lab results included WBC count of  $10.5 \times 10^3$ /uL. ESR was 68 (normal range 0–20 mm/h) and CRP 38.4 (normal range <5 mg/L). Arthrocentesis obtained 20 mL of yellow, cloudy fluid which showed 37,643 nucleated cells (95% PMNs, 5% monocytes), no RBCs, trace glucose, 314 u/L LDH, 3.9 g/dL protein. No organisms were identified after 24 h. Intracellular monosodium urate crystals were identified.

## Questions

- 1 Should antibiotics be discontinued if the synovial fluid reveals monosodium urate crystals?<sup>1</sup>
- Yes
  - No

- Not sure.
- 2 What is the most common joint to get septic in adults?<sup>2</sup>
- Shoulder
  - Elbow
  - Knee
  - Hip
- 3 What is the most common cause of nontraumatic acute monoarthritis in young sexually active patients?<sup>3</sup>
- Klebsiella
  - Streptococcus pneumoniae
  - Chlamydia
  - Neisseria gonorrhoeae

## Answers

- 1 Answer: B. <https://www.ncbi.nlm.nih.gov/m/pubmed/12730521/>  
 2 Answer: C. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2669005/>  
 3 Answer: D. <https://www.ncbi.nlm.nih.gov/pubmed/8849354>

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Fig. 1. Aspirated fluid from arthrocentesis of left knee.

### Supplementary materials

Supplementary material associated with this article can be found, in

the online version, at [doi:10.1016/j.visj.2019.100670](https://doi.org/10.1016/j.visj.2019.100670).

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