Tanaffos (2007) 6(1), 81-83 ©2007 NRITLD, National Research Institute of Tuberculosis and Lung Disease, Iran

A 47-Year- Old Woman with Chronic Relapsing Arthritis and New Onset Skin Lesions

Sepideh Emami¹, Seyed Mohammad Reza Hashemian¹, Hamid Reza Vahabzadeh¹ Fahimeh Sh. Tabatabaii ¹, Forozan Mohammadi ^{2,3}, Seyed Davood Mansoori ^{1,4}

- ¹ Department of Internal Medicine, Division of Infectious Disease and Clinical Immunology, ² Department of Clinical Anatomical Pathology,
- ³ Mycobacteriology Research Center, ⁴ Lung Transplantation Research Center, NRITLD, Shaheed Beheshti University of Medical Sciences and Health Services, TEHRAN- IRAN.

A 47-year-old woman was referred to our hospital with history of occasional arthritis since two years ago. She also noted low grade fever, progressing fatigue, malaise, morning stiffness and occasionally dry coughs. She was treated as Rheumatoid Arthritis with irregular use of prednisolone and hydroxychloroquine but no improvement occurred.

Over the twenty days preceding the current admission, she experienced skin eruptions including red non-itchy palpable nodules on face, back and limbs. She did not mention any weight loss, sputum producing coughs or high grade fever. She denied tobacco use; she did not have any medical problem in her history. She used NSAIDs occasionally. At the time of hospital admission, she was afebrile and looked healthy. Vital signs were normal. She had bilateral expiratory wheezing in lungs, mild swelling in wrist joints, knees and ankles without effusion or deformity. All the joints had full passive range of motion. Skin examination revealed red-purple papules and plaques on forehead, back, elbow and dorsum of feet (fig 1). A painful 2x2 cm red nodule was seen on anterior surface of the right leg (Figure 2). The results of laboratory tests were: ESR: 40, CRP: positive, RF: negative, Ca: 9.5 and P: 4.7. Liver enzymes level and CBC were ANA, ANCA (C&P), Anti-ds DNA all were negative. CXR is shown in figure 3. It should be emphasized that she had not obtained any CXR previously during her illness. (Tanaffos 2007; 6(1): 81)

WHAT IS YOUR DIAGNOSIS?



Figure 1. Red-purple nodule on elbow



Figure 2. Erythema nodosum in right foot



Figure 3. CXR of patient

Correspondence to: Mansoori SD

Address: NRITLD, Shaheed Bahonar Ave, Darabad, TEHRAN 19569, P.O:19575/154, IRAN

Email address: dmansouree@yahoo.com