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instillation of BCG for bladder carcinoma. Mycobacterial heat shock protein HSP 65 cross-reacts with cartilage proteoglycan; this can induce autoimmunity in animal adjuvant arthritis and has been hypothesized for humans. Our case shows the importance of recognizing Ponce's disease in this era of increasing incidence of MTB infection.

MIGRATORY OLIGOARTHRITIS SECONDARY TO GROUP F STREPTOCOCCUS. Paul D. Garrett, MD, Frederick T. Murphy, DO, and Daniel F. Battafarano, DO. Departments of Internal Medicine and Rheumatology, Brooke Army Medical Center, Fort Sam Houston, Tex.

Poststreptococcal reactive arthritis was first described as an entity distinct from rheumatic fever in 1959. We present a case of reactive arthritis due to group F streptococcus, which has not previously been described. A 36-year-old white woman came to the emergency department with fever, malaise, and anorexia for 10 days. The patient denied hematuria or antecedent pharyngitis. Medical history was remarkable for multiple tooth extractions 6 weeks previously for dental abscesses, which were positive for group F streptococcus on culture. Physical examination revealed healing dental without infection, a systolic murmur, and marked leukocytosis. After blood and urine cultures were obtained, empiric treatment with antibiotics was initiated. Forty-eight hours after admission, an acutely swollen left second MCP joint was observed, and synovial fluid evaluation was negative. The patient subsequently had a migratory oligoarthritis of the right first MCP and then the left wrist, with negative arthrocentesis results. These symptoms resolved with nonsteroidal anti-inflammatory drugs and antibiotic therapy. Transesophageal echocardiogram, blood cultures, ASO, and anti-DNase B titers were negative. Reactive arthritis is an immune complex-mediated migratory oligoarthritis seen after an antecedent infection. Prior abscess culture and migratory oligoarthritis of small joints are consistent with poststreptococcal reactive arthritis. Review of the medical literature finds well-described cases of rheumatic fever and poststreptococcal reactive arthritis; however, no previous cases associated with group F streptococci have been reported. This case illustrates the need to consider reactive arthritis in patients with migratory arthritis, even if rheumatic fever or prior group A streptococcus has been excluded.

HEPATITIS C (HCV)-INDUCED RHEUMATIC DISEASE. Capt Eric A. Meier, John Huntwork, MD, and Maj Matthew T. Carpenter. Keesler Medical Center, Keesler AFB, Miss; and Singing River Hospital, Pascagoula, Miss.

Autoimmune disorders have been associated with HCV infection in the last few years, but a clear cause-and-effect relationship has not been established. The results of therapy with interferon for these syndromes is not well-described.

Five cases of autoimmune disorders associated with HCV infection were retrospectively reviewed for clinical features, laboratory findings, and the effect of treatment with interferon.

Four patients were women (three white, one African American); one was a white man. Mean age was 44 years (range, 41 to 51 years). All patients had a diagnosis of chronic HCV. The autoimmune diagnoses were: (1) 42-year-old woman with SLE; (2) 45-year-old man with RA; (3) 51-year-old woman with type 2 mixed essential cryoglobulinemia; (4) 43-year-old woman with type 2 mixed essential cryoglobulinemia; and (5) 41-year-old woman with overlap RA/SLE. All patients had positive ANA and RF; four had positive cryoglobulins. One patient had decreased C3 and C4, three patients had decreased C4, and one patient had normal complement levels. All five were treated with interferon. Follow-up was available for four patients. Viral RNA levels decreased in all patients. All had subjective improvement in rheumatic symptoms; three improved on clinical examination. ANA, RF, and complements normalized except in one patient with cryoglobulinemia who still had depressed C4.

In chronic HCV infection, antigenemia persists. Immune complexes composed of HCV antigens and antibodies, RF and C3 may be formed and deposited in the liver, skin, kidney, or other organs. If these immune complexes are the mechanism for development of rheumatic syndromes in HCV infection, treatment of HCV should relieve symptoms.

Interferon therapy is an effective treatment for HCV-induced rheumatic disease. The favorable response to therapy implies a causal role for HCV infection in these syndromes.

MALIGNANCY PRESENTING AS TIETZE'S SYNDROME (COSTOCHONDRITIS). Priya Nair, MD, Robert Quinet, MD, William Davis, MD, Leonard Serebro, MD, and Jihan Saba, MD. Department of Internal Medicine, Division of Rheumatology, Ochsner Clinic, New Orleans, La.

Tietze's syndrome is defined as benign, nonsuppurative, painful localized swelling of the costosternal, sternoclavicular, or costochondral junctions, most commonly the left second and third ribs. Chest wall conditions, including osteomyelitis at the costochondral junction, chondrosarcoma, and chondroma, must be excluded.

We report the case of a 56-year-old black woman with persistent swelling of the left second and third costochondral junctions partially relieved with anti-inflammatory medicines and local steroid injection. MRI revealed a soft-tissue mass arising from the chest wall between the second and third ribs. CT-guided biopsy confirmed a well-differentiated adenocarcinoma of the lung.

A literature review of Tietze's syndrome and its differential diagnosis will be discussed.

Swelling, even at the classic site, should not be attributed to Tietze's syndrome until advanced imaging techniques such as CT scan or MRI are done and underlying malignancy is ruled out.

ENTERTAINING THE DIAGNOSIS OF ANKYLOSING SPONDYLYTIS IN A CASE OF SUSPECTED SEPTIC ARTHRITIS. Thanh Nguyen, MD, and Davyn Darbe, MD. Department of Medicine, Louisiana State University Medical Center, New Orleans.

Ankylosing spondylitis (AS), one of the spondyloarthropathies, is a chronic systemic inflammatory rheumatic disorder affecting the axial skeleton. The usual age of onset is before 40 years. The hallmark of the disease is sacroiliitis. Peripheral joint involvement is less than 25%.