Case of the Month

Prepared by Jeffrey Blackburn, MD

Each month, we will present a challenging Case of the Month for **The Green Journal** readers, who must use their clinical acumen to arrive at the correct answer. We will also post the case each month on the *Journal's* web site (http://www.elsevier.com/locate/ajmselect). Several possible answers may be consistent with the case presentation; use your best judgment. Please send your answer (one per respondent) to **The Green Journal** at editors@amjmed.org or via FAX to (415) 441-2799. Please include full mailing address with each submission. The correct answer will appear in the November issue of the *Journal*. The first five persons who submit correct answers will receive a free one-year subscription to the *Journal*. Colleagues of Dr. Blackburn in Ohio are not eligible for this month's case. We will offer special recognition to the clinicians with the most correct answers at the end of the year. If you would like to contribute a case, please submit a brief synopsis (<250 words) to the editorial office. **Am J Med. 1998;105:353.** ©1998 by Excerpta Medica, Inc.

A 30-year-old African-American woman was admitted with a five-day history of myalgia, fatigue and dry cough. She had developed chills, sweats, anorexia and headache 4 days before admission. She sought medical care when she developed left lateral hip pain radiating down the lateral aspect of her leg to her ankle. She had 3 loose stools on the day of admission. She had no pertinent past medical history, but did use intravenous drugs.

On admission, she was diaphoretic and complaining of hip and leg pain. Her blood pressure was 110/50 mm Hg with a regular heart rate of 90 beats per minute; her temperature was 38.2°. Her chest exam was normal, and she had no heart murmur or abdominal tenderness. She had marked midline tenderness at L4 and L5, and a positive straight leg raising sign on the left. Admission laboratory values were notable for a leukocyte count of 9,500 per quarter liter with a left shift, and a platelet count of 50,000 per quarter liter. A chest radiograph was normal. On the second hospital day, she developed pain and stiffness in her wrists, elbows, and shoulders, which were warm and tender.

What is the diagnosis?

ANSWER TO THE SEPTEMBER CASE OF THE MONTH

Last month's patient with fever, right upper quadrant pain and jaundice had hepatic tuberculosis, diagnosed with a liver biopsy. Hepatic tuberculosis is hematogenous in origin and usually presents with clinical or radiologic evidence of tuberculosis elsewhere, though the chest x-ray is normal in one-quarter to one-third of patients (1–4).

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3. Maharaj B, Leary WP, Pudifin DJ. A prospective study of hepatic tuberculosis in 41 black patients. *Q J Med* 1987;242:517–522.
4. Alvarez SZ, Caprio R. Hepatobiliary tuberculosis. *Dig Dis Sci* 1983;28:193–200.

Correct answers to the July case (Sneddon's syndrome) were provided by Brian Mandell (Orange, OH), Tah-Hsiung Hsu (Baltimore, MD), Joji Kappes (Portland, OR), John Sheffield (Seattle, WA), and Kanwal Khanna (Modesto, CA). They will receive a free one-year subscription to **The Green Journal.** Congratulations to all the other readers who answered correctly, whose names are available on our web site at http://www.elsevier.com/locate/ajmselect.

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