

Case of the Month

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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) and indicate the case to which you are responding to **The Green Journal** at editors@amjmed.org or via FAX to (415) 447-2799. Only those

answers with a complete mailing address will be considered. The correct answer will appear in the February issue of the *Journal*. The first five persons who submit correct answers will receive a free one-year subscription to the *Journal*. Colleagues at UCSF 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. 1999;106:120.** ©1999 by Excerpta Medica, Inc.

A 51-year-old man presented to an urgent care clinic complaining of fatigue, pain in his lower neck when he swallowed, and discomfort in his nipples and feet. He denied fever, chills, weight loss, breast discharge, loss of appetite, and respiratory, gastrointestinal, or urinary symptoms. He had a past medical history of anxiety, post-traumatic stress disorder, chronic pain, hypertension, poorly documented heart arrhythmias, and many allergies. He had been seen 3 months previously after an episode of self-diagnosed bradycardia of 40 beats per minute; a 24-hour Holter monitor was normal. He had had a dental filling replaced 1 month before. His only medication was lisinopril. Physical examination was notable for a regular heart rate of 89 beats per minute, a blood pressure of 124/85 mm Hg, and a temperature of 37.1°C. The oropharynx was normal. There was a mild tenderness at the base of the right sternocleidomastoid muscle. The thyroid was normal. He was able to swallow without difficulty. The remainder of the examination, including the nipple and feet, was normal. He was treated with acetaminophen. He returned 1 week later, complaining of fever to 38.5°C at home, sweats, diffuse pain in his muscles and joints, particularly the elbows and small joints in his hands, and continued pain when swallowing. He again denied respiratory, gastrointestinal, or urinary symptoms. His vital signs were unchanged; he had lost 1.5 kg. His physical examination was not helpful; specifically, there was no rash, muscle tender-

ness, or evidence of arthritis. Urinalysis, complete blood count, serum electrolyte levels and renal function tests were normal. He was advised to drink fluids and take acetaminophen as needed. He returned 10 days later saying that he felt like he did when he had infectious mononucleosis. His vital signs showed a regular heart of 102 beats per minute and a temperature of 37°C; he had lost an additional 0.5 kg of weight. He had diffuse tenderness in his neck and upper chest that seemed less noticeable when he was distracted. The remainder of the examination was normal. An electrocardiogram showed normal sinus rhythm.

What is the diagnosis?

ANSWER TO THE DECEMBER CASE OF THE MONTH

Last month's patient with dermatomyositis developed respiratory failure due to *Pneumocystis carinii* pneumonia, diagnosed with bronchoalveolar lavage. This was presumably a complication of immunosuppression with prednisone.

Correct answers to the October case (endocarditis) were provided by Surekha Kashyap (Pune, India), P. Dileep Kumar (Richmond Heights, Ohio), Mark Troxler (Tulsa, Oklahoma), Eric L. Westerman (Tulsa, Oklahoma), and Joji Kappes (Portland, Oregon). They will receive a free one-year subscription to **The Green Journal**.