

Mono arthrite genou

Jeune patient 22 ans

Poussées de mono arthrite genou gauche depuis 2 ans

Durée moyenne 2 à 3j

Sans fièvre

- 1ère consultation en décembre 2022:

- Asymptomatique
- Léger empâtement genou
- Radio genou normale
- CRP 17

- Pas d'ATCD familiaux
- Pas de plainte axiale
- Pas de signe extra articulaire
- Aucun toxique
- Ne prend pas d'AINS ou antalgique

- 1ère Poussée inflammatoire majeure fin aout 2023:
- Prise en charge aux urgences avec suspicion de TVP
- Puis hospitalisation service Pr lafforgue

- Ponction genou:
- 40 cc de liquide visqueux
- Élts: 18 giga/l, à prédominance neutrophile (95%)
- GR: 0
- Pas de cristaux
- Pas de germes

- Bio sanguine:
- GB 10 000
- CRP de 50 à 200
- Hémoc, sérologie (hépatites) et PCR (gonocoque, chlamydiae, syphilis)négatives
- Immuno: AAN 1/640 isolés, CCP nég
- Uricémie normale

- Evolution rapidement favorable ss AINS IV, puis per os
- CRP 20
- Est sorti après 1 infiltration par diprostène
- Totalemt asymptotique pdt 2 mois avec CRP < 5 , en septembre

- 2° consultation en décembre 2023 avec IRM du genou évoquant une possible synovite villo nodulaire ; mais incompatible avec le syndrome inflammatoire bio
- A l'examen:
- Pas de douleur, plutôt une gêne
- Léger gonflement, pouvant être plus important en fin de journée selon activités
- Ne prend pas d'AINS, mais glace + port genouillère quand travaille (serveur)
- Nouveau contrôle CRP à 6

Conduite à tenir décidée :

Synovectomie à visée thérapeutique et diagnostique, avec biopsies (recherche lyme, whipple)

2. Fracture d'un orteil?

Histoire

Douleur et gonflement du 5e orteil d printemps 2023

Possible traumatisme direct recent

Persistance des dl

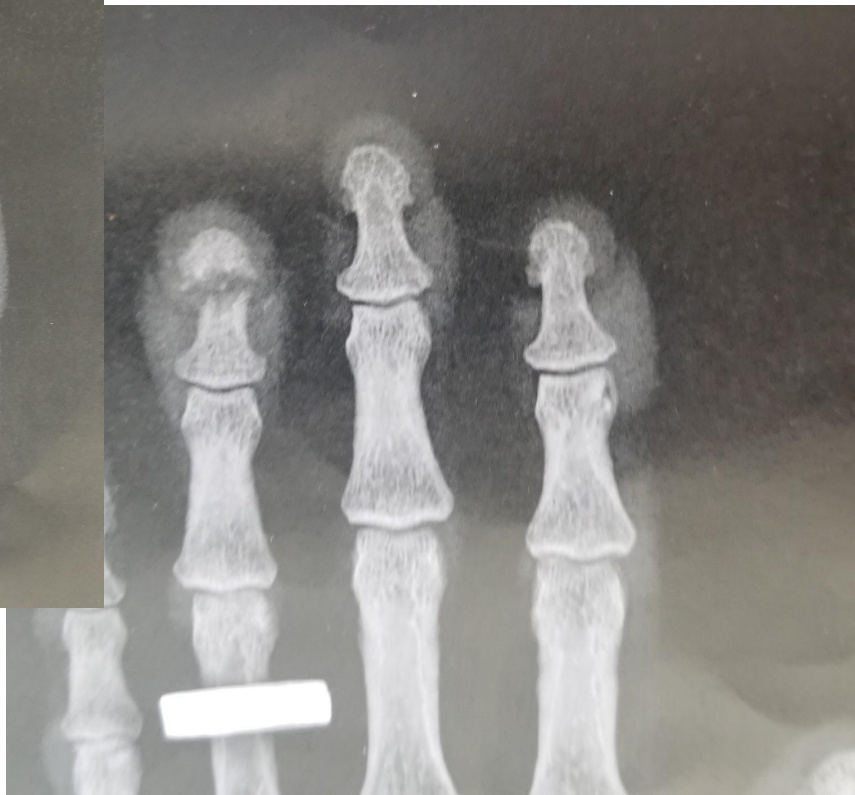
Trithérapie

Pas de douleur ailleurs















CE ANTERIEURE

Densitométrie osseuse

taille 174 (176) cm

poids 84 kg

Atcd de fracture par insuffisance osseuse orteil d coude

tabac :oui, vih controlé

atcd familial de fracture du col non

corticothérapie oui

dmo L1L4 1.249 T-0.5

Dmo col f g 0.950 T-0.5

dmo total femur 0.887 T0.1

frax 4.5%

dmo normale

FR 200 uricemie 530 antiCCP-

cpk 1400

ca vitD pth ph ctx normaux

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An unexpected, benign cause of increased muscular uptake at bone scintigraphy

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Affiliations + expand

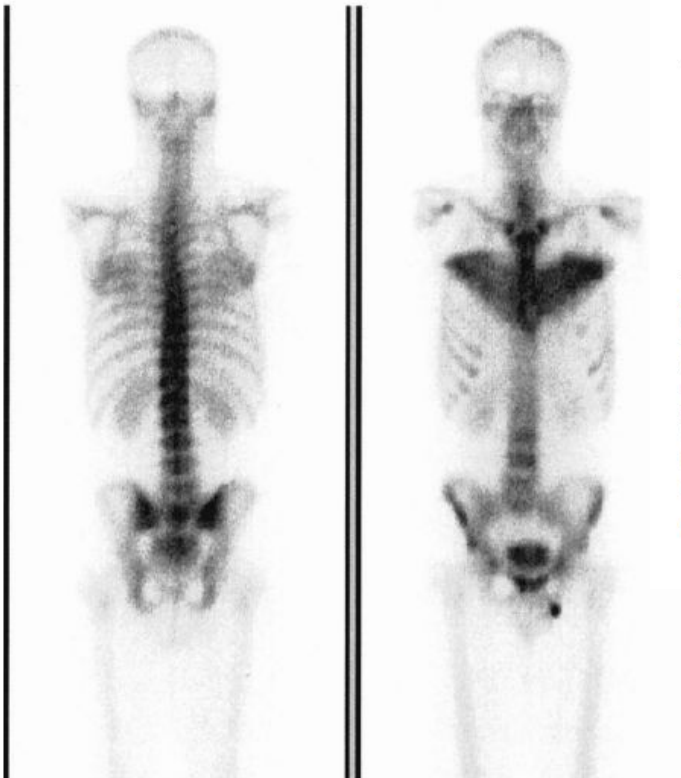
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Abstract

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Bone scintigraphy was performed in a healthy 30-year-old man because of post-traumatic heel pain. The scintigraphy displayed a bilateral increased uptake of 99mTc-MDP in the pectoral muscles and triceps brachii. Further extensive investigations including muscle biopsy were normal and excluded diagnoses such as polymyositis, myositis ossificans or amyloidosis. The abnormalities were in fact explained by physical exercise performed a few hours prior to the radionuclide scan. This was confirmed by the absence of these changes on a second bone scan performed 3 months later. This case shows that muscle exercise should be kept in mind as a cause of skeletal muscle uptake of bone-seeking agents, with the view to avoid unnecessary investigations.

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INTERESTING IMAGE

The “Bat Sign” of Pectoral Rhabdomyolysis

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Abstract: A 22-year-old man with foot pain was referred for evaluation of sesamoiditis. A Tc-99m methylene-diphosphonate bone scan was performed which revealed increased radiopharmaceutical uptake in the big toes, but also showed curious abnormal thoracic activity. Normal activity at sternoclavicular joints and sternum mimics ears, head and body of a bat, and the pectorals mimic the wings. The patient mentioned that he had started lifting weights a few days earlier. Clinical and echographic evaluations were diagnostic of pectoral inflammation suggesting rhabdomyolysis.

Key Words: rhabdomyolysis, pectoral, “bat sign,” bone scan
(*Clin Nucl Med* 2009;34: 636–637)

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3. Femme de 60 ans douleur de hanche droite en fin de journée, ne limitant pas ses activités quotidiennes et sportives (rando, gym)

Pas d'atcd notable

Amplitudes normales , douleur en rotation interne

Radiographie normale .

Au total kyste du cotyle : macrogeode sous chondrale communiquant avec l'articulation

