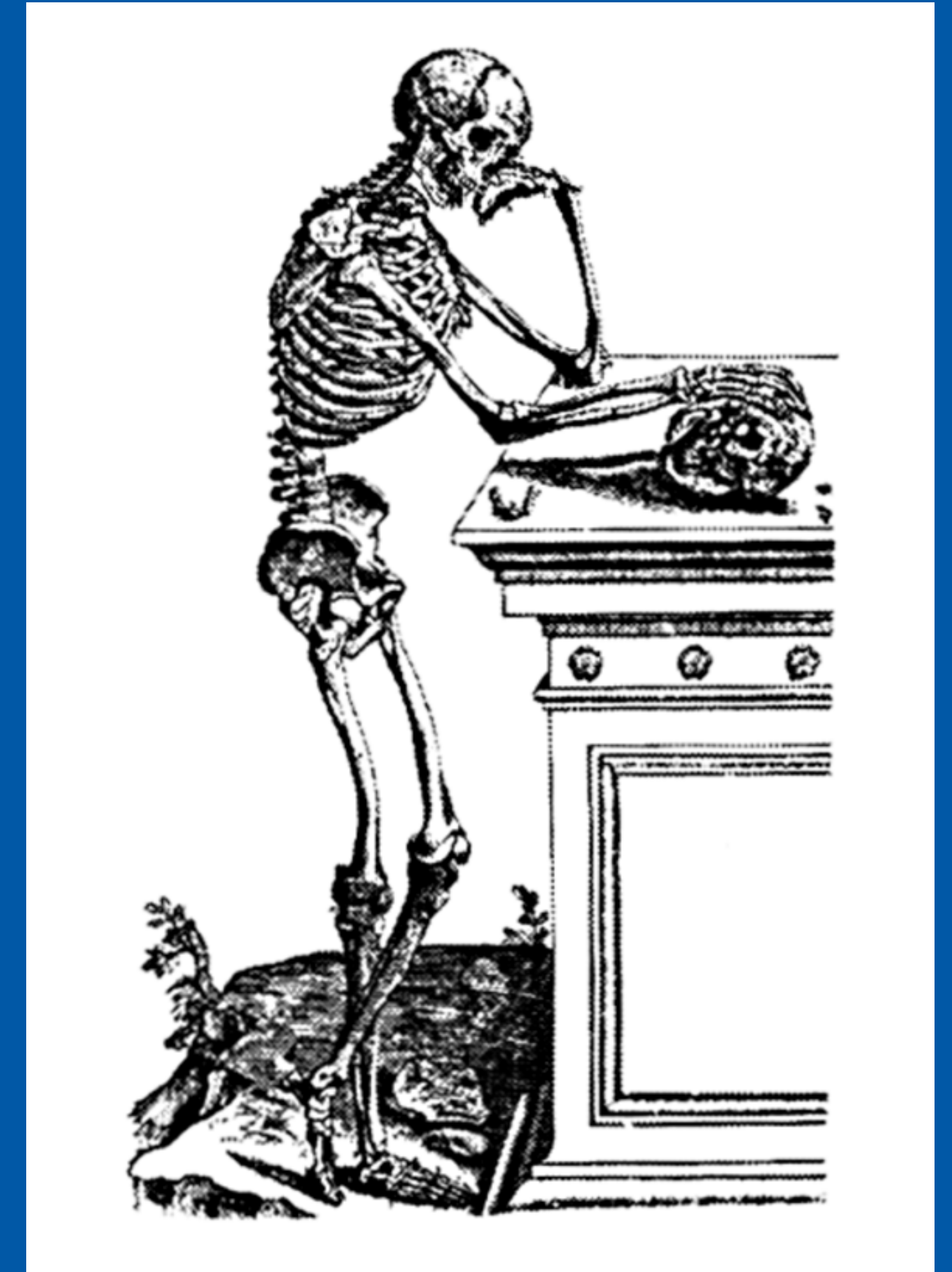


42nd Annual Meeting, Scottsdale, Arizona Society of Skeletal Radiology

March 10-13, 2019

CASE OF THE DAY: TUESDAY

 #SSRBONE19COD5



Troy Storey, MD; Renee Modica, MD; Cooper Dean, MD
University of Florida, Gainesville, FL

HISTORY

- 17-year-old woman with SLE
- Various treatments over past 5 yrs; steroids, hydroxychloroquine, mycophenolate, and rituximab
- Now presents with polyarthralgias unresponsive to management of SLE
- Bacterial, fungal and AFB cultures from joint specimens were negative

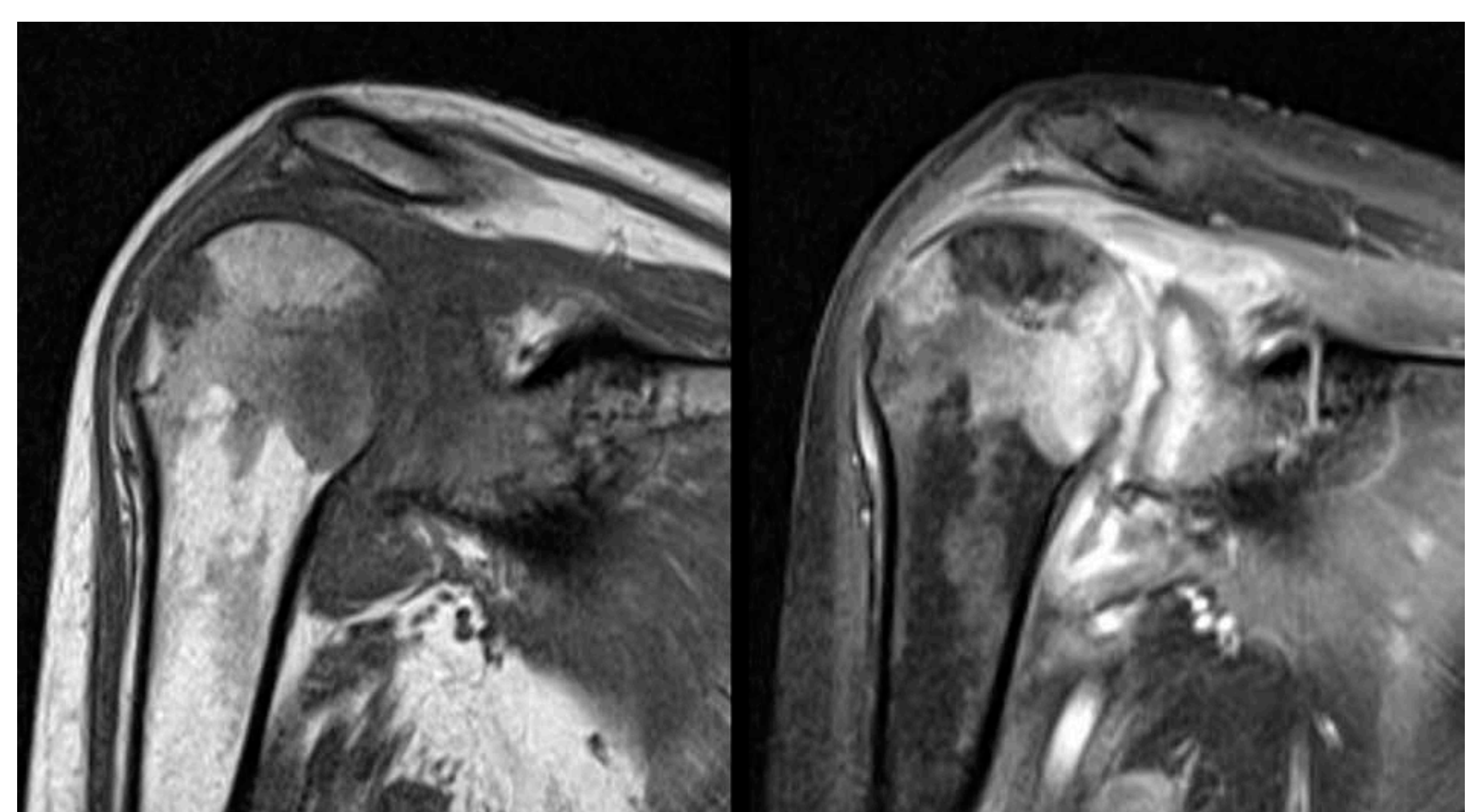


Cor STIR

DIAGNOSIS

Mycoplasma pneumoniae septic arthritis

- Patients with hypogammaglobulinemia have increased risk of septic arthritis from all typical organisms
- Additionally, they have increased susceptibility to mycoplasma and ureaplasma infection
- Rituximab can precipitate hypogammaglobulinemia
- In hypogammaglobulinemia, mycoplasma IgG and IgM antibody titers may not be elevated
- Culture of mycoplasma can be challenging
- PCR analysis of synovial fluid may be necessary to make the diagnosis



Obl Cor T1

Obl Cor T1 FS + Gd



Delayed Tc-99m MDP Bone Scan

48 Hour Ga-67 Citrate Scan