

## The pale and limping child

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Answers on p 725.

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A 13 year old girl presented with a two month history of recurrent episodes of arthritis of the metacarpophalangeal, wrist, knee, ankle, and metatarsophalangeal joints. The arthritis seemed to follow a migratory and symmetric pattern. The arthritis lasted for a week, resolved spontaneously, only to recur a few days later in another joint. Apart from having intermittent low grade fever, she was well. There was no history of sore throat, diarrhoea, or rash. On examination she was pyrexial (temperature 37.6°C). There was pallor, hepatomegaly (liver span measuring 17 cm), and moderate splenomegaly. The left and right first metacarpophalangeal joints were swollen and tender while there were residual swellings of the ankles. Initial investigations revealed a haemoglobin of 89 g/l, leucocyte count of  $7.3 \times 10^9/l$  with normal differential count and platelet count of  $82 \times 10^9/l$ . Erythrocyte sedimentation rate was 125 mm/hour. Levels of complement and immunoglobulins were normal. Rheumatoid factor, HLA B27, antinuclear, anti-double stranded DNA, and antistreptolysin O antibodies were negative. Culture results were unremarkable. The patient received non-steroidal anti-inflammatory drugs and two units of red cells. Two weeks later she returned with worsening of the arthritis and generalised lymphadenopathy. The platelet count dropped to  $16 \times 10^9/l$ . Peripheral blood and bone marrow smears are shown in fig 1A and B respectively.

### Questions

(1) What are the differential diagnoses of the arthritis?

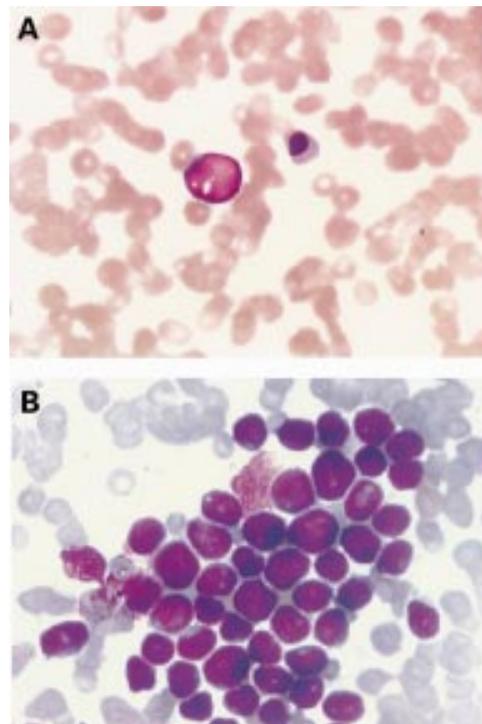


Figure 1 Smears of the peripheral blood (A) and bone marrow aspirate (B).

(2) What do the peripheral blood and bone marrow smears show?

## Rigidity, hyperthermia, and altered mental status

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Answers on p 726.

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A 55 year old white woman presented with a two day history of severe rigidity, hyperthermia, altered mental status, and autonomic dysfunction. She had been treated for paranoid-type schizophrenia with zuclopentixol for two years. Thirteen weeks before, zuclopentixol had been discontinued and she started treatment with olanzapine (10 mg/day). Two weeks before, olanzapine was stopped because of worsening of her schizophrenic symptoms and she started taking zuclopentixol again (30 mg/day). She did not use any other medications or drugs. The clinical picture happened in winter. On admission, the oral temperature was 40.3°C, blood pressure 110/70 mm Hg, pulse rate 125 beats/min, and respiratory rate was

30/min. There was prominent diaphoresis. The neurological examination was difficult to complete because of the patient's uncooperativeness. She did not follow commands or answer questions. His face was symmetric, and she had severe rigidity in neck, arms, and legs. Deep tendon reflexes were symmetric and the results of the Babinski test were equivocal. Extraocular movements and fundi were normal.

### Questions

- (1) What is your differential diagnosis for this case and what investigations would you perform?
- (2) What is the treatment for this case?