Chronic abdominal pain: An uncommon presentation of Rheumatoid Arthritis
Bryn McGhee, MD
Department of Medicine, Oregon Health and Sciences University

Introduction
Chronic vague abdominal pain is a common presenting symptom that often encounters both the patient and the physician. This is the case of a patient with undiagnosed rheumatoid arthritis whose joint pain was overshadowed by six months of severe gastrointestinal symptoms.

Case Description
HPI: Patient is a 65-year-old man with history of psoriatic arthritis, depression, and rheumatoid arthritis. His current medications include methotrexate, hydroxychloroquine, and prednisone. The patient has a long history of abdominal pain, which he described as chronic and intermittent. He has undergone extensive workup, including upper endoscopy, two colonoscopies, multiple CT abdomen/pelvis studies, MRA abdomen, CT/MR/MRA brain, all of which had been negative. He reported symptoms of profuse watery diarrhea, and weight loss of 60 pounds in six months.

Physical Exam
T 98.1 BP 117/64, HR 79, RR 14, SPO2 98% on RA, BMI 23.09

General: Patient appears to be in good health, eating comfortably in bed. Thin with no evidence of wasting.

Cardiovascular: No murmurs, no orthostatic change.

Lungs: Chest clear to auscultation bilaterally.

Abdominal: Soft, nontender to deep palpation in the epigastric region and RUQ. No rebound tenderness, no guarding. Cholecystectomy and appendectomy scars noted.

Skin: No rashes. Anterior shins with mildly erythematous scarring (area of prior psoriatic lesions per patient).

Extremities: No lower extremity edema. 2+ DP pulses. No joint deformities. No synovitis.

Neuro: Alert and oriented to person, place, time and situation. Declined strength testing 2/2 fatigue. 2+ biceps, brachioradialis, triceps, peroneal, sural, tibialis, gastrocnemius. Decreased sensation to light touch and vibration of bilateral feet. Too weak to walk.

Past Medical History
- Psoriatic arthritis
- Methotrexate
- Prednisone
- Hydroxychloroquine
- Depression
- Pelvic mass
- Prostatectomy
- Celiac disease
- Peptic ulcer disease

Social History
Lives in VA with his dog and partner. Past smoker. 70 pack-year history smoking history. No alcohol or drugs.

Family History
Hypertension
Heart Disease
Arthritis (previous episodic)

Physical Exam

Past Medical History
- Psoriatic arthritis
- Methotrexate
- Prednisone
- Hydroxychloroquine
- Depression
- Pelvic mass
- Prostatectomy
- Celiac disease
- Peptic ulcer disease

Social History
Lives in VA with his dog and partner. Past smoker. 70 pack-year history smoking history. No alcohol or drugs.

Family History
Hypertension
Heart Disease
Arthritis (previous episodic)

Hospital Course/Treatment
- Patient was treated with high-dose oral prednisone for three days, followed by tapering oral prednisone until his abdomen pain subsided. He was then transitioned to infliximab.
- He was also able to maintain oral intake for the first time in many months and was discharged on prednisone with plans for infliximab infusions.

Teaching Points
- Important diagnosis to keep in mind when a patient presents with chronic abdominal pain or other GI complaints.
- GI vasculitis of any variety has a high initial mortality and can progress quickly to surgical abdomen. Luckily for our patient, despite taking 4 months to obtain a diagnosis, he was able to have a positive outcome.
- Though this was not the case for our patient, negative serologies do not rule out vasculitis present or the GI tract, as according to one study, 25% of vasculitis involves the GI tract, serologies can be negative.

References