Spine MRI as work up for sore throat

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Case Report

- 35 year-old SSO female
- 45 days s/p SVD
- ED presentation with sore throat
Case Report

- Concern for epidural abscess
- Lumbar MRI
3 weeks later...

- odynophagia, malaise, polyarthralgias, fever, back pain, and headaches
- Admitted
Exam and Workup

• New systolic murmur-mitral area
• No evidence of synovitis
Labs

- ASO: 491
- ESR > 80
- CRP: 73.90
TTE: severe MR and moderate AR
Jones Criteria

Major criteria
- Carditis
- Polyarthritis
- Chorea
- Erythema marginatum
- Subcutaneous nodules

Minor criteria
- Fever
- Arthralgias
- Previous RF or RHD
- Acute phase reactions: ESR, CRP, and leukocytosis
- Prolonged PR interval
Discussion/Conclusions

- Decreasing incidence
- Factors leading to prior its near disappearance
- Reasons for missed diagnoses
- Risk reduction with treatment
Works Cited

- Shulman ST; Stollerman G; et. al. Temporal Changes in Streptococcal m protein Types and the near-disappearance of Acute rheumatic fever in the United States. CID 2006:42; 441-447.
- Smith MT; Zurynski Y; et.al. Rheumatic Fever. Identification, management and secondary prevention. Australian Family Physician. February 2012 (41): 31-35
- Casey, JD; Solomon DH; et. al. A patient with migrating polyarthralgias. NEJM. July 2013 (369): 75-80.
- Gordis L. Effectiveness of comprehensive-care programs in preventing rheumatic fever. NEJM. August 1973 (289): 331-335.
- http://cardiophile.org/2010/05/rhd-mr-on-colour-doppler-echo/