

QUESTION

1. A patient with a long history of rheumatoid arthritis (RA) is being treated with chronic low-dose prednisone. The patient reports a recent increase in joint pain and stiffness, particularly in the hands and wrists. The patient also notes a recent weight gain and increased susceptibility to infections. The patient's current medications include prednisone, hydrochlorothiazide, and aspirin. The patient's medical history includes RA, hypertension, and a recent diagnosis of osteoporosis. The patient is currently on a low-sodium diet and is taking calcium supplements. The patient's laboratory values are as follows:

Parameter	Value
White blood cell count (WBC)	12,000/mm ³
Hemoglobin (Hb)	10.5 g/dL
Hematocrit (Hct)	32%
Serum calcium	8.5 mg/dL
Serum sodium	130 mEq/L
Serum potassium	3.5 mEq/L
Serum creatinine	1.2 mg/dL
Serum glucose	100 mg/dL
Serum uric acid	5.0 mg/dL

2. A patient with a long history of RA is being treated with chronic low-dose prednisone. The patient reports a recent increase in joint pain and stiffness, particularly in the hands and wrists. The patient also notes a recent weight gain and increased susceptibility to infections. The patient's current medications include prednisone, hydrochlorothiazide, and aspirin. The patient's medical history includes RA, hypertension, and a recent diagnosis of osteoporosis. The patient is currently on a low-sodium diet and is taking calcium supplements. The patient's laboratory values are as follows:

ANSWER

1. The patient's symptoms and laboratory values suggest a diagnosis of RA flare-up. The patient's recent increase in joint pain and stiffness, particularly in the hands and wrists, is consistent with a flare-up of RA. The patient's laboratory values show a white blood cell count (WBC) of 12,000/mm³, which is elevated and suggests an inflammatory process. The patient's hemoglobin (Hb) is 10.5 g/dL and hematocrit (Hct) is 32%, which are both low and suggest anemia. The patient's serum calcium is 8.5 mg/dL, which is low and suggests hypocalcemia. The patient's serum sodium is 130 mEq/L, which is low and suggests hyponatremia. The patient's serum potassium is 3.5 mEq/L, which is low and suggests hypokalemia. The patient's serum creatinine is 1.2 mg/dL, which is within the normal range. The patient's serum glucose is 100 mg/dL, which is within the normal range. The patient's serum uric acid is 5.0 mg/dL, which is within the normal range.

2. The patient's symptoms and laboratory values suggest a diagnosis of RA flare-up. The patient's recent increase in joint pain and stiffness, particularly in the hands and wrists, is consistent with a flare-up of RA. The patient's laboratory values show a white blood cell count (WBC) of 12,000/mm³, which is elevated and suggests an inflammatory process. The patient's hemoglobin (Hb) is 10.5 g/dL and hematocrit (Hct) is 32%, which are both low and suggest anemia. The patient's serum calcium is 8.5 mg/dL, which is low and suggests hypocalcemia. The patient's serum sodium is 130 mEq/L, which is low and suggests hyponatremia. The patient's serum potassium is 3.5 mEq/L, which is low and suggests hypokalemia. The patient's serum creatinine is 1.2 mg/dL, which is within the normal range. The patient's serum glucose is 100 mg/dL, which is within the normal range. The patient's serum uric acid is 5.0 mg/dL, which is within the normal range.