

## PCR 2

### **Should we be testing for positive Rheumatoid factor in patients suspected of Charcot? - A case report.**

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A 46 year old male with Type II diabetes and a history of peripheral sensory neuropathy, presented to the diabetes foot clinic with a hot, red, swollen and painful right foot around the medial longitudinal arch (MLA). X-ray results showed normal appearance and serum urate was normal. At this stage cellulitis was suspected. Symptoms subsided after a few weeks of rest and antibiotics.

Symptoms recurred a few months later and the patient presented with swelling and warmth over the MLA with less pain than previous. He was referred for an MR scan suspecting Osteomyelitis. This scan report suggested early Charcot changes and the patient was treated with a Pamidronate infusion and Total Contact Casting for 8 months. Custom shoes were then fitted. He also had problems with bilateral frozen shoulders at this time and was referred to the musculo-skeletal team where physiotherapy was instigated.

He was followed up for 2 years for podiatry treatment and episodes of ulceration. He was also referred to the neuropathic pain clinic as he was complaining of symptoms despite being on 4 different analgesics. He was referred for a course of acupuncture treatment. Thyroid function, B12 and folate levels were all normal and HbA1c was between 8 and 9.5% around this time.

He represented in December 2008 with pain and swelling over the right MLA and a 2° C temperature difference compared to the left foot. Charcot foot was again suspected but the patient mentioned some pain and swelling in his right metacarpal joints. Bloods were taken with a specific request for Rheumatoid factor. Results showed that this was positive at 54 and the patient was referred urgently to the Rheumatologist.

This patient was treated over a period of 3 years for Charcot neuroarthropathy. His symptoms affected his job and quality of life. He was not investigated for Rheumatoid Arthritis until his metacarpals became swollen. In retrospect this is likely to have been the diagnosis throughout, and the MR scan result was compatible. Should we be testing patients with warm swollen MLA for Rheumatoid disease as a differential diagnosis?