Progress Notes

William Baker, MD at 8/4/2023 3:20 PM

Subjective

Patient ID: Jennifer Beth Cartrette is a 40 y.o. female.

Chief Complaint

Patient presents with

- Follow-up

HPI

Rheumatology History:

Ms. Cartrette is a pleasant F with a PMH of bipolar d/o, ADHD, PTSD, anorexia, and presumptive PsA here for continued evaluation and management of joint pain. Initial consultation with myself was pursued on 6/6/2023

Notably, she has previously followed with rheumatology evaluation, last following with Dr. Patel (Novant - LOV 9/2022). She mentioned following since 2019 for ongoing widespread pain with emphasis at the level of the hands/wrists, upper neck, lower back, hips, knees, ankles, and feet. Pain can really be at anytime of day, but she does wonder about worsening symptoms early in the morning with associated morning stiffness being upwards of multiple hours. Upon establishing at Novant initially, notable work-up included negative ANA, RF/CCP, HLA-B27, uric acid, CRP/ESR.

She notably has a prior diagnosis of psoriatic arthritis based off of the work-up and evaluation above with a concern about an underlying inflammatory arthritis in a pattern consistent with peripheral and axial symptoms. She has never exhibited symptoms of skin psoriasis.

More recently, she does present with a multitude of symptoms. She includes GI distress including ongoing abdominal pain, bloating, and constipation with chronic nausea. She also has a chronic brain fog and inability to focus. She does have a known diagnosis of ADHD, bipolar disorder, anorexia, and PTSD. She is maintained on Adderall right now and is trying to establish with behavioral health.

She also has neuropathic symptoms chronically across the body including nonspecific cramping pain showing up at the level of the calves in addition to an intermittent numbness and tingling showing up in the lower extremities in general. Additionally has "body temperature" changes.

Has followed with ophthalmology more recently and had an evaluation highly suggestive of thyroid eye disease. Does have upcoming follow-up with endocrinology. Last TSH was actually normal, although there was slightly elevated TPO antibodies. At one point did have TSH around 7.

Rx History:

She was started on Humira (7/2020), which was discontinued shortly thereafter (10/2020) due to ongoing skin infections of the face. She was started on hydroxychloroquine (3/2022) which was shortly thereafter discontinued (5/2022) due to tinnitus. Methotrexate was initiated (5/2022), and intermittent steroids have been utilized with partial benefit.

Interval History:

In the interim, symptoms persist. She continues to have widespread pain peripherally and axially. She emphasizes pain at the level of the hands/wrists. She also mentions pain predominantly in the middle of the thoracic spine and lumbar spine with some evidence of pain both laterally and inguinal only on hips. AM stiffness is basically all the time. There is a generalized fullness/puffiness of the digits. Activities can be limited due to pain.

She continues to have some "infection" type rashes showing up and around the lips and face. She continues to use topical treatments to try and benefit this.

No new pattern to her chest pain; still gets some palpitations. No new cough or shortness of breath. Has a chronic fatigue and brain fog.

No new definitive eye inflammation. No fevers.

Current Rheumatology Medications:

Methotrexate 4 tabs weekly with daily folate

ROS

14pt ROS negative other than what was reviewed by HPI

Current Outpatient Medications

Medication	Instructions
• [START ON 8/9/2023] dextroamphetamine-amphetamine (ADDERALL) 20 mg tablet	20 mg, oral, 3 times daily
• dextroamphetamine-amphetamine (ADDERALL) 20 mg tablet	20 mg, oral, 3 times daily
• [START ON 9/6/2023] dextroamphetamine-amphetamine (ADDERALL) 20 mg tablet	20 mg, oral, 3 times daily

• folic acid (FOLVITE)	1,000 mcg, oral, Daily
• ibuprofen (MOTRIN)	800 mg, oral, Every 6 hours PRN
• methotrexate	10 mg, oral, Weekly
• metroNIDAZOLE (ROSADAN) 0.75 % gel gel	topical, 2 times daily
• multivitamin (CENTRUM) 8 mg-400 mcg- 10 mcg chew	1 tablet, oral, Daily
• ondansetron (ZOFRAN-ODT)	4 mg, oral, Every 8 hours PRN, Allow to dissolve under tongue.
• pantoprazole (PROTONIX)	40 mg, oral, Daily

Social Hx:

Social History

Tobacco Use	
• Smoking status:	Former
• Smokeless tobacco:	Never
Vaping Use	
• Vaping Use:	Never used
Substance Use Topics	
• Alcohol use:	Not Currently
• Drug use:	Never

Comment: Drug use: Denies

Family Hx:

Family History

Problem	Relation	Name	Age of Onset
• Stroke	Father		
• Stroke	Maternal Grandmother		
• Stroke	Paternal Grandmother		
• Stroke	Maternal Grandfather		

• Stroke	Paternal Grandfather	

Objective 

Blood pressure 137/86, pulse 96, weight 59.6 kg (131 lb 6.4 oz).

Physical Exam

Constitutional:

Appearance: Normal appearance.

HENT:

Mouth/Throat:

Comments: **No teeth**

Eyes:

General: No scleral icterus.

Conjunctiva/sclera: Conjunctivae normal.

Cardiovascular:

Rate and Rhythm: Normal rate.

Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds. No wheezing or rales.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: She is alert.

Sensory: No sensory deficit.

Psychiatric:

Mood and Affect: Mood normal.

Musculoskeletal:

Hands: FROM. Some tenderness across MCP 2 through 5 in addition to PIP 2 through 5. Mild fullness noted at PIP 2 through 4 bilaterally

Wrists: FROM. No warmth, swelling, or tenderness.

Elbows: FROM. No warmth, swelling, or tenderness.

Shoulders: Full ABduction and isolated external ROM without pain

Knees: FROM with flexion/extension. Mild bilateral TTP. No effusion or synovitis appreciated . No swelling. No warmth.

Ankles: FROM with dorsi/plantar flexion, no swelling or tenderness

Feet: MTP squeeze negative

Labs:

1/28/2020

Synovial fluid:

Cell count: 1878 nucleated cells (0 polys, 49 lymph, 51 macrophage, 0 eos), rare RBC

No crystals under normal or polarized light

Gram stain: no WBC, NOS

Culture: no growth in 56-72 hours (aerobic), no anaerobic growth in 72 hours

7/9/2020

dsDNA 3

RNP <0.2

Smith <0.2

Scl-70 <0.2

SSA <0.2

SSB <0.2

Chromatin <0.2

Jo-1 <0.2

Centromere B <0.2

HLA-B27 negative

CK 56

CRP <1

Hepatitis panel negative

QuantiFERON gold negative

6/19/2020

ANA direct negative

RF <10.0

Uric acid 4.9
ESR 11

2/12/2020
ANA direct negative
RF 10.0
CCP 14
ESR 13
CRP <1
Uric acid 4.9
Endomysial ab negative
Lyme IgG+IgM <0.91
TSH 7.090

Imaging:
Outside XR Left Hand 4/2021
Mild degenerative change of the first CMC joint noted and second MCP joint. There is no evidence for fracture or bony destruction. The soft tissues are unremarkable.

Outside XR Left Wrist 10/2019
1. Mild soft tissue swelling about the radial side of the wrist.
2. No fractures, dislocations, or significant degenerative changes.

Outside XR C-Spine 8/2018
FINDINGS: A single crosstable lateral view demonstrates interim C4-C6 ACDF.

Assessment/Plan 

1. Inflammatory polyarthritis
-Widespread peripheral and axial manifestations; suspect some component of inflammatory descriptors (worse at night, stiffness, swelling); exam with minimal areas of joint fullness across the hands
-I suspect that there is some component of an inflammatory arthritis; however, I am not sure all pain stems from inflammation. Patient does have a known history of PTSD and anorexia related to childhood trauma, and this could have a psychosomatic manifestation

-Notably, antibody testing has been relatively underwhelming and structural imaging of hands/wrists and SI joints/lumbar spine without definitive evidence of changes related to inflammation

**We will pursue bilateral hand/wrist ultrasound if no evidence of active inflammation by work-up noted above; this would be to help a catalog residual inflammation

**Additionally have considerations for MRI of the pelvis given mild ESR elevation with axial based symptoms; this will be to screen for seronegative spondylarthritis with x-rays showing no erosive change

**Would continue with methotrexate 4 tabs weekly with daily folic acid for now

**Additional treatment recommendations after work-up above

2. Chronic Lower Back Pain

-Notably with a history of axial disease as well; does have a history of cervical fusion already, and now more recently with lower back and buttock space pain/discomfort

-With concerning features of axial spondyloarthritis or PsA, have to be concerned about an axial component to seronegative spondylarthritis

**SI films without definitive erosive change, but lumbar films do have some facet arthritis and straightening of the normal lordosis

**In order to continue evaluation for inflammatory arthritis of the back, pursuing MRI of the SI joints for seronegative spondyloarthritis eval

3. Encounter for medication monitoring

Methotrexate

HBV/HCV/HIV negative

Diagnoses and all orders for this visit:

Inflammatory polyarthritis (CMS/HCC)

- Appointment Follow Up Request
- US Ext Joint Non Vasc Comp Bilat; Future
- MRI Pelvis W And WO Contrast; Future

Chronic bilateral low back pain without sciatica

- Appointment Follow Up Request
- MRI Pelvis W And WO Contrast; Future

Encounter for medication monitoring

- Appointment Follow Up Request

Other orders

- multivitamin (CENTRUM) 8 mg-400 mcg- 10 mcg chew; Chew 1 tablet Once Daily.

RTC 2 months

Electronically signed:
William Douglas Baker, MD
8/4/2023 5:24 PM