Clinical Report 5 of 18

Patient Information

- **Name:** David Chen
- **Date of Birth:** 06/12/1973
- **Age:** 52
- **Gender:** Male
- **Contact Information:** (555) 678-9012, david.chen@email.com
- **Address:** 321 Cedar Crest, Anytown, USA

Referring Physician

- Dr. Maria Rodriguez, MD
- Primary Care Physician
- Anytown Family Health

Medical Institution

- Anytown Dermatology & Rheumatology Center
- **Report Date:** 07/18/2025

Clinical History and Background

David Chen is a 52-year-old software engineer who was referred to our combined dermatology and rheumatology clinic for evaluation of persistent skin lesions and the recent onset of debilitating joint pain. Mr. Chen has had recurrent "skin problems" for over 15 years, which he has intermittently treated with over-the-counter hydrocortisone creams with minimal success. He was told it was likely "bad eczema." Over the last year, he has developed progressive joint pain and stiffness, which prompted his referral from Dr. Rodriguez for a more specialized evaluation. His past medical history is otherwise unremarkable. He does not smoke and consumes alcohol rarely. Family history is negative for psoriasis or inflammatory arthritis.

Current Symptoms & Patient-Reported Outcomes (PROs)

- **Skin Plaques:**
    - **Patient's Description:** "I have these thick, red, scaly patches on my elbows, knees, and scalp. They itch like crazy and flake all over my clothes, which is embarrassing. The one on my scalp is the worst."
    - **Severity:** Rates the itching as 8/10. The cosmetic and social impact is significant for him.
    - **Duration:** Present for over 15 years, but has worsened in the last two years.
    - **Clinical Note:** The patient describes the classic morphology and distribution of chronic plaque psoriasis.
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- **Joint Pain and Swelling:**
    - **Patient's Description:** "About a year ago my right index finger and my left big toe started to hurt and swell up. Now the pain is in my lower back and my right knee as well. Mornings are the worst; I feel so stiff."
    - **Severity:** Rates the pain as a 7/10. It limits his ability to type for long periods and walk comfortably.
    - **Duration:** Insidious onset over the past year. Morning stiffness lasts about an hour.
    - **Clinical Note:** The pattern of oligoarthritis (affecting a few joints), dactylitis (inflammation of an entire digit), and inflammatory back pain is highly suggestive of psoriatic arthritis (PsA).
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- **Nail Changes:**
    - **Patient's Description:** "My fingernails look strange. They have tiny little pits in them, and some of them seem to be lifting off the nail bed."
    - **Severity:** Mild, but cosmetically bothersome.
    - **Duration:** Noticed over the last 3-4 years.
    - **Clinical Note:** Nail pitting and onycholysis are classic features of psoriasis and are strongly associated with the development of psoriatic arthritis.
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- **Fatigue:**
    - **Patient's Description:** "I just feel drained. By the end of the workday, I have no energy left for anything else."
    - **Severity:** Moderate. He feels it contributes to a "brain fog" that affects his work.
    - **Duration:** Progressively worsening over the last year, in parallel with his joint pain.
    - **Clinical Note:** Systemic fatigue is a common manifestation of the chronic inflammatory state in both psoriasis and PsA.
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Clinical Findings

- **Vital Signs:**
    - **Blood Pressure:** 130/82 mmHg
    - **Heart Rate:** 76 bpm
    - **Respiratory Rate:** 16 breaths/min
    - **Temperature:** 98.7°F (37.1°C)
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- **Physical Examination:**
    - **Dermatological:** Multiple well-demarcated, erythematous plaques with adherent silvery scale are present on the extensor surfaces of bilateral elbows and knees. Similar plaques are noted on the scalp, with significant flaking. Auspitz sign (pinpoint bleeding on removal of scale) is positive.
    - **Nails:** Pitting is present on multiple fingernails. Onycholysis is noted on the left 2nd and 3rd digits.

    - **Musculoskeletal:** The left great toe is diffusely swollen and tender ("sausage digit"), consistent with dactylitis. There is swelling and tenderness of the right 2nd distal interphalangeal (DIP) joint. The right knee has a moderate effusion. Tenderness is elicited over the sacroiliac joints.
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- **Laboratory Results:**
    - **Erythrocyte Sedimentation Rate (ESR):** 38 mm/hr (Normal 0-15 mm/hr) - *Elevated*.
    - **C-reactive Protein (CRP):** 2.5 mg/dL (Normal < 1.0 mg/dL) - *Elevated*.
    - **Rheumatoid Factor (RF):** Negative.
    - **Anti-citrullinated protein antibodies (anti-CCP):** Negative.
    - **HLA-B27:** Positive.
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Diagnosis

Mr. Chen clearly meets the Classification Criteria for Psoriatic Arthritis (CASPAR). He has evidence of inflammatory articular disease with more than 3 points from the following: current psoriasis (2 points), nail dystrophy (1 point), dactylitis (1 point), and a negative RF (1 point). The diagnosis is **Psoriatic Arthritis (PsA)** with extensive plaque psoriasis. The positive HLA-B27 is associated with spinal involvement in PsA.

Treatment Strategy

Given the significant impact on his quality of life from both the extensive skin disease and the debilitating arthritis, a systemic therapy that targets both manifestations is required.

1. **Pharmacological Treatment:**
    - **Biologic DMARD:** We will initiate treatment with a biologic agent. An Interleukin-17 (IL-17) inhibitor, such as secukinumab or ixekizumab, is an excellent choice as it shows high efficacy for both the cutaneous and articular features of the disease, including dactylitis and axial symptoms. A TNF-alpha inhibitor would also be a suitable alternative. The risks, benefits, and administration (subcutaneous injection) of this therapy have been discussed with Mr. Chen.
    - **Topical Therapy:** He can continue to use a high-potency topical corticosteroid (e.g., clobetasol foam) for his scalp and localized plaques as needed for breakthrough symptoms.
    - **NSAIDs:** A non-steroidal anti-inflammatory drug (e.g., naproxen) may be used as needed for symptomatic relief of joint pain, with caution regarding potential gastrointestinal side effects.
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3. **Non-Pharmacological Treatment:**

- **Physical Therapy:** A referral to a physical therapist will be made to develop a program focusing on range of motion, strengthening, and strategies to manage his inflammatory back pain.
- **Patient Education:** Comprehensive education was provided on the systemic nature of PsA, the link between his skin and joints, and the importance of consistent treatment to prevent irreversible joint damage. The use of emollients to maintain skin hydration was also emphasized.

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Summary and Plan

Mr. David Chen is a 52-year-old male whose long-standing skin condition has now been correctly identified as plaque psoriasis, and his recent musculoskeletal symptoms are diagnostic for psoriatic arthritis. The connection between his skin, nails, and joints has been explained to him. His disease is active and warrants aggressive treatment to control symptoms, improve function, and prevent long-term disability. We will proceed with initiating an IL-17 inhibitor, which we anticipate will significantly improve both his psoriasis and his arthritis.

Follow-up

A follow-up appointment is scheduled in one month to assess his initial response to biologic therapy and to monitor for any adverse effects. He will receive injection training from our clinic nurse next week. Regular follow-up every 3-4 months will be necessary to monitor his disease activity and ensure the continued safety and efficacy of his treatment.