

Dr. Lance D. Dworkin Department of Medicine Research Symposium

## A case of palindromic rheumatism and literature review

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**Keywords:** Palindromic Rheumatism, Episodic Arthritis

Published: 14 December 2023

**Introduction:** Palindromic rheumatism (PR) is an autoimmune condition characterized by transient migratory arthritic attacks involving one or multiple joints. Although any joints are vulnerable to attack, the wrist, knee, and fingers are commonly involved. PR attacks are associated with debilitating pain with joint stiffness, swelling, and warmth, but do not result in residual damage. PR is a commonly misdiagnosed condition due to the lack of established diagnostic guidelines, and it often presents with standard inflammatory and autoimmune markers.

**Case Presentation:** The patient is a 36-year-old white female who was first presented to the rheumatology clinic on November 8th, 2022, complaining of migratory joint pain over multiple days. However, the patient denied any swelling, erythema, or morning stiffness. The patient was noted to have an elevated C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) over the past two years. All other inflammatory and autoimmune markers were found to be in the normal range. Evaluation of the sacroiliac joint and cervical spine via X-rays did not reveal any significant abnormalities. The trial of 5mg prednisone for two weeks failed to show improvement in symptoms.

**Conclusion:** After multiple follow-ups over a year, the patient was diagnosed with PR based on recommendations proposed by Pasero and Barbieri, which include: 1) six months history of brief, sudden, and recurrent episodes of mono-arthritis or polyarthritis; 2) the physician must observe at least one attack; 3) PR must involve three or more joints; 4) radiographic findings are normal; 5) it is a diagnosis of exclusion. Although there haven't been any FDA-approved medications to treat PR, the clinician has been using conventional therapy to treat other rheumatic conditions as a mainstay treatment. Among traditional treatments, hydroxychloroquine (HCQ), corticosteroid, methotrexate (MTX), and biologics (such as rituximab) have shown the most significant therapeutic benefits in limited case studies. Therefore, our patient was offered HCQ, MTX, and biologics as treatment options. Although, our patient hasn't decided on specific therapy to pursue yet, we will be continuously monitoring the disease progression and effects of therapy once started.