

Case history

A 70-year-old man was admitted with a one week history of low-grade fever. He had lost his appetite and reported feeling unwell over the two weeks preceding hospital admission. He had also developed bilateral knee joint pain and swelling which worsened rapidly over two days. There was no other joint involvement and no symptoms or signs of enthesitis. He had no personal or family history of psoriasis and no family history of inflammatory arthritis. An exhaustive screen failed to reveal any focus of infection and the aspirate of the right knee joint was negative for crystals or microorganisms. X-rays of the knees were unremarkable. Later he was found to have a rheumatoid factor level of 125 and an anti-CCP antibody level > 340 .

He was diagnosed with rheumatoid arthritis and started on a short course of prednisolone and methotrexate. He responded well to this treatment and one year later was still in remission.