

WHAT'S THE TAKE HOME?



A 55-Year-Old Man With Sore Hands, Ruddy Complexion

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Introduction. A 55-year-old man was referred to the multispecialty practice by his primary physician for evaluation of pain in his hands and wrists.

History. The patient noted that his discomfort bilaterally in his wrist and hand joints has been ongoing for about 6 months. He has not noticed significant redness, swellings or morning stiffness. However, the discomfort has interfered with golfing, a favorite activity. His health is otherwise good without history of any major medical diagnoses other than mild hypertension easily controlled by an angiotensin-converting enzyme inhibitor.

The patient is a financial planner who generally works in his office. Between his work-associated meetings with clients and home lifestyle, he estimates consuming "a little more than 1 drink per day on average." His family and friends noted that his complexion has become somewhat "redder" in his face, which he attributed to sun sensitivity as part of his Irish American heritage.

Diagnostic testing. The patient’s physical examination revealed a healthy appearing man with a ruddy complexion, but no spider angiomas. His vital signs are within normal range including blood pressure of 124/74. His head, eyes, ears, nose, and throat are non-remarkable, and his chest and heart examinations were within normal ranges. The patient’s abdomen is soft, non-tender without palpable enlargement of the liver or spleen. An examination of his hands reveals non-inflammatory swelling of the metacarpophalangeal joints bilaterally as well as the radiocarpal joints. Generally, the patient’s laboratory results were within normal range (Table 1).

Table 1. Laboratory Findings

Test	Result	Reference Range
Hemoglobin, g/dL	17.0	13.5–17.5 (men)
Hematocrit, %	50	41–53 (men)
Mean corpuscular volume (MCV), fL	96	80–100
Glucose, mg/dL	98	70–99
Bilirubin, mg/dL	Within normal range	0.1–1.2
Aspartate aminotransferase (AST), U/L	85	<40
Serum iron, µg/dL	168	60–170
Total iron-binding capacity (TIBC), µg/dL	305	250–450
Transferrin saturation, %	57	20–50

Which of the following is NOT an appropriate statement in relation to his diagnosis?

A. He should exercise caution regarding recreational exposure to warm, brackish waters.

B. Family screening is indicated for his relatives.

C. His highest risk for morbidity and serious disease outcome is hepatic complications.

D. Dietary restrictions offer little or no benefit in routine management.

E. JAK2 studies will confirm myeloproliferative polycythemia vera.

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