中文題目：乾癬性關節炎病人使用生物製劑後併發感染性 腘窩囊腫

英文題目： Pyogenic Baker’s cyst in a Patient with Refractory Psoriatic arthritis under etanercept Treatment

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Background:

Psoriatic arthritis is a systemic autoimmune disorder characterized by the psoriasis with sacroiliitis and oilgoarthritis. Patients with psoriatic arthritis are at increased risk of infection because of the disease course or treatment-related immunodeficiency. We reported a case of pyogenic Baker’s cyst in the patient with psoriatic arthritis receiving a biologic agent of etanercept.

Case Presentation:

A 38-year-old man presented to the emergency department with a one week history of fever and swelling in his right knee and calf region. The patient had a history of PsA for 10 years and was diagnosed by psoriasis over trunk, pitting nail, bilateral grade III sacroiliitis and positive HLA-B27 exam. Due to poor control of psoriasis, he started to receive subcutaneous etanercept 25 mg twice daily since about six months ago. There was marked swelling and a mild erythematous rash with tenderness on his right calf. Laboratory investigations showed a white blood cell count of 22,200 cells/μL with 91% neutrophils and 9% lymphocytes, a hemoglobin level of 12.1 g/dL, a platelet count of 142,000 cells/μL, a C-reactive protein (CRP) level of 17.19 mg/dL (normal <0.5 mg/dL). A musculoskeletal ultrasound (MSUS) showed a large cyst with accumulation of hypoechoic fluids with extending to the distal leg. Computed tomography showed BC with thickening of the adjacent subcutaneous layer of the patient’s calf. Debridement with hemo-vac suction drainage was performed then. Microscopic pathology of the soft tissue showed necrotizing inflammation with hemorrhage status. Cultures from synovial fluid, and soft tissue all grew Staphylococcus aureus and Aspergillus fumiatus. The patient received intravenous oxacillin therapy for 14 days, and his fever subsided gradually.

Discussion:

Baker’s cyst can occur in patients with PsA, and pyogenic BC should be always considered for patients receiving aggressive immunosuppressive therapy, such as TNF-α inhibitor. MSUS should be performed for patients with acute calf swelling to evaluate the dissection or rupture of the BC, with or without infection from the songraphic pattern. Needle aspiration of the cyst can be done to exclude infection of the cyst. Early surgical intervention of the infected BC is important to stop the progression of the infection.