CLINICAL IMAGE

Reiter's syndrome with C1-C2 subluxation

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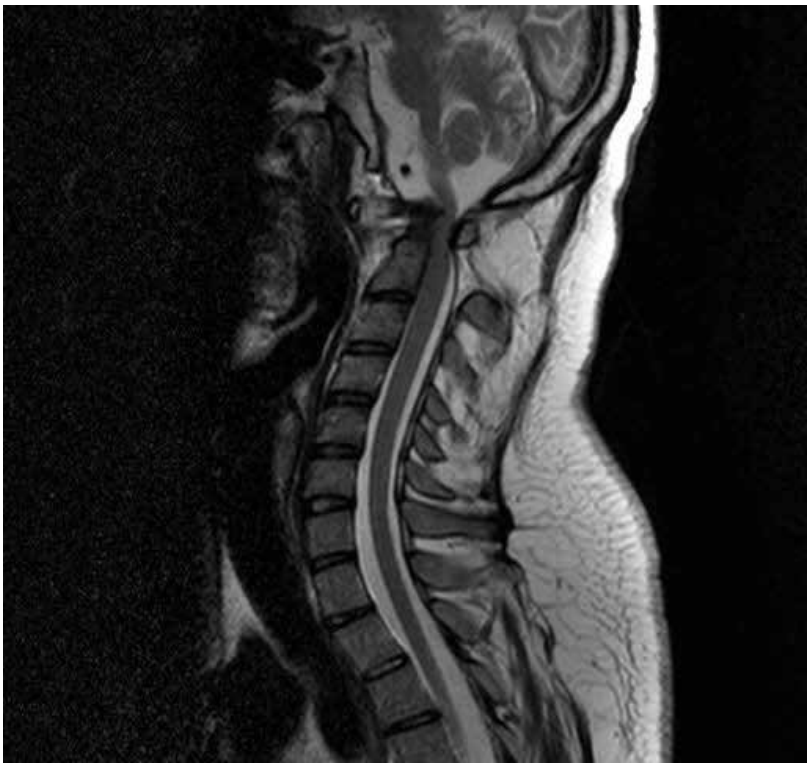

A 20-year-old man roughly 8 months prior to his presentation to our center started to have severe polyarthritis. This happened after having an unprotected high risk heterosexual intercourse. The arthritis was more prominent in lower extremities and he had severe spinal pain, including pain in neck and occiput. Along with his joint inflammation, he developed severely scaling erythematous skin lesions (A) with papulopustular elements. The skin lesions were more prominent in palmoplantar areas but there were also some patches scattered over the skin of his torso. He had leukocytosis (11,900/mm3) and elevated ESR (110 mm/h) and positive CRP. He was HLA-B27 positive. On urine examination he had pyuria (WBC=8-10/hpf) and microscopic hematuria (9-11/hpf). MRI of sacroiliac joints (B) showed bilateral intensity changes compatible with inflammation. X-ray (C) and MRI of cervical spine showed subluxation in atlantoaxial joint. Biopsy of the skin lesions revealed parakeratosis and acanthosis in epidermis with intraepidermal spongiform pustules. There were elongated rete ridges. Mild inflammatory infiltration of upper dermis along with transmigration of PMN leukocytes through epidermis into parakeratotic scales noted. This case of Reiter's syndrome is interesting because of rapid progression of disease leading to C1-C2 subluxation in 8 months.

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