

## Question 20 – Week of March 22

A 28 year-old male is seen following a 7 day episode of bloody diarrhea. He was initially treated with a course of empiric Ciprofloxacin, and his symptoms resolved. He now presents complaining of joint pains, a red eye, and a rash on his palms and soles. What is the most likely diagnosis?

- A. Crohn's disease
- B. Ulcerative colitis
- C. Guttate psoriasis
- D. Change nameReiter's syndrome
- E. Clostridium difficile infection

**Answer: D**

While the bloody diarrhea may be a manifestation of Crohn's disease or ulcerative colitis, it may also be seen with an infectious diarrhea due to multiple different pathogens. Infection with pathogens such as Campylobacter, shigella, and salmonella may be followed by an episode of Reiter's syndrome. The classic triad seen with Reiter's includes arthritis, conjunctivitis, and urethritis, along with skin findings of keratoderma blenorrhagicum (palms and soles) and circinate balanitis. Arthritis and uveitis can be seen with IBD, but neither erythema nodosum nor pyoderma gangrenosum usually involve the palms and soles. C. Diff infection can be seen following antibiotic therapy, though it is not associated with joint or skin findings. Guttate psoriasis can be seen following a streptococcal throat infection, but not necessarily with infectious diarrhea.