An 81-year-old woman was diagnosed with pseudogout (calcium pyrophosphate dihydrate [CPPD] crystals) of the left knee. One year later, she developed a fever of unknown origin; gonarthritis was not observed. The laboratory data are summarized in Table. Gallium scintigraphy showed an accumulation only in the sternoclavicular joints on both sides (Picture 1a, b). Computed tomography of the sternoclavicular joint revealed chondrocalcinosis (Picture 2). Inflammation of the sternoclavicular joint occurs in patients with osteoarthritis, rheumatoid arthritis, SAPHO syndrome and crystal arthritis. In this case, the presence of pseudogout only in the sternoclavicular joints was considered to be the cause of the patient’s fever of unknown origin. Supporting this, the fever and elevation of the C-reactive protein level were markedly and swiftly improved by celecoxib treatment.
CPPD crystal deposition disease typically occurs in the elderly, and generally affects large joints, such as the knees, wrists, hips and glenohumerals. Although the incidence of this condition is low (1, 2), sternoclavicular pseudogout should therefore be kept in mind as a potential cause of a fever of unknown origin.

The authors state that they have no Conflict of Interest (COI).

References