

Patient AC

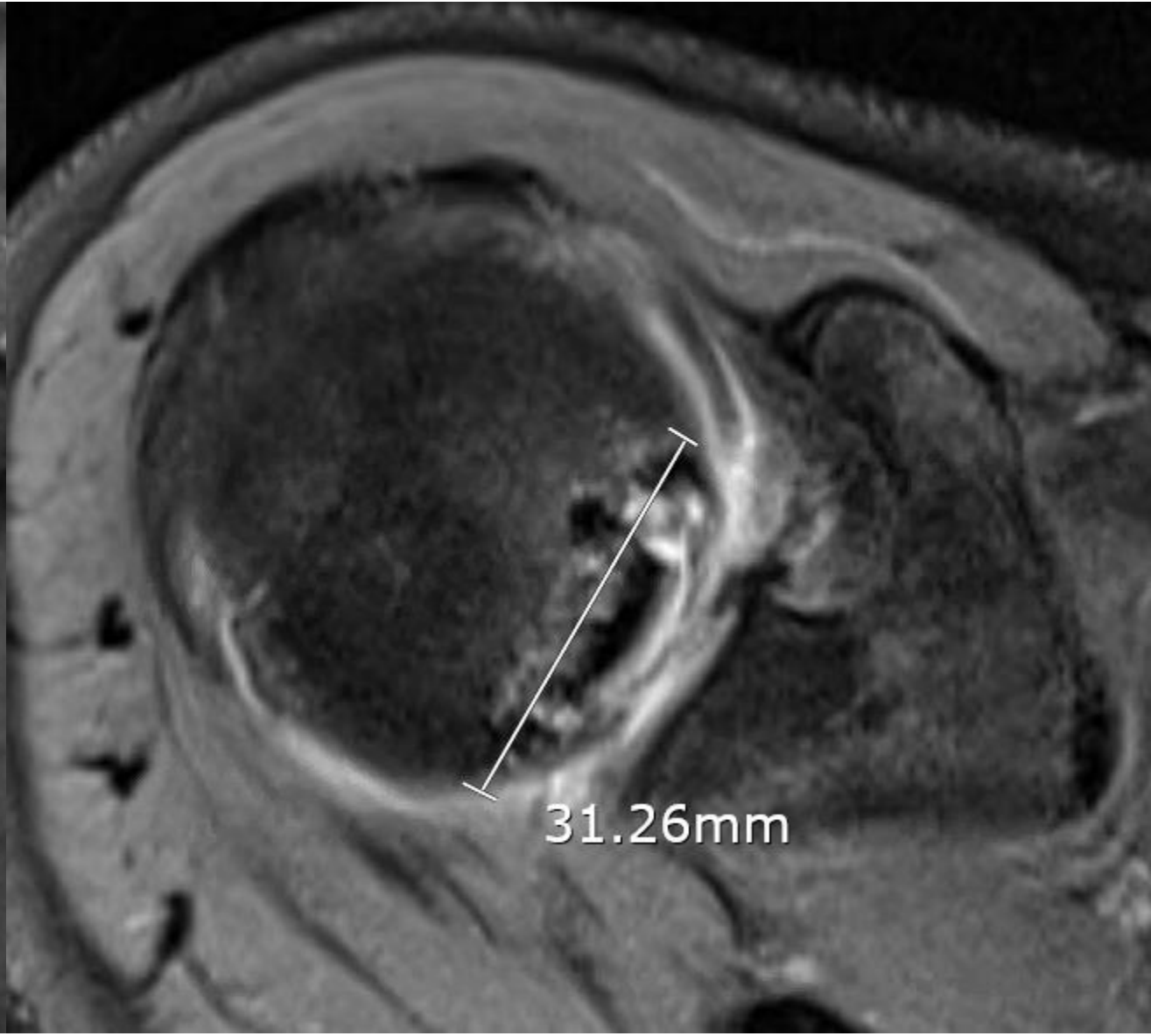
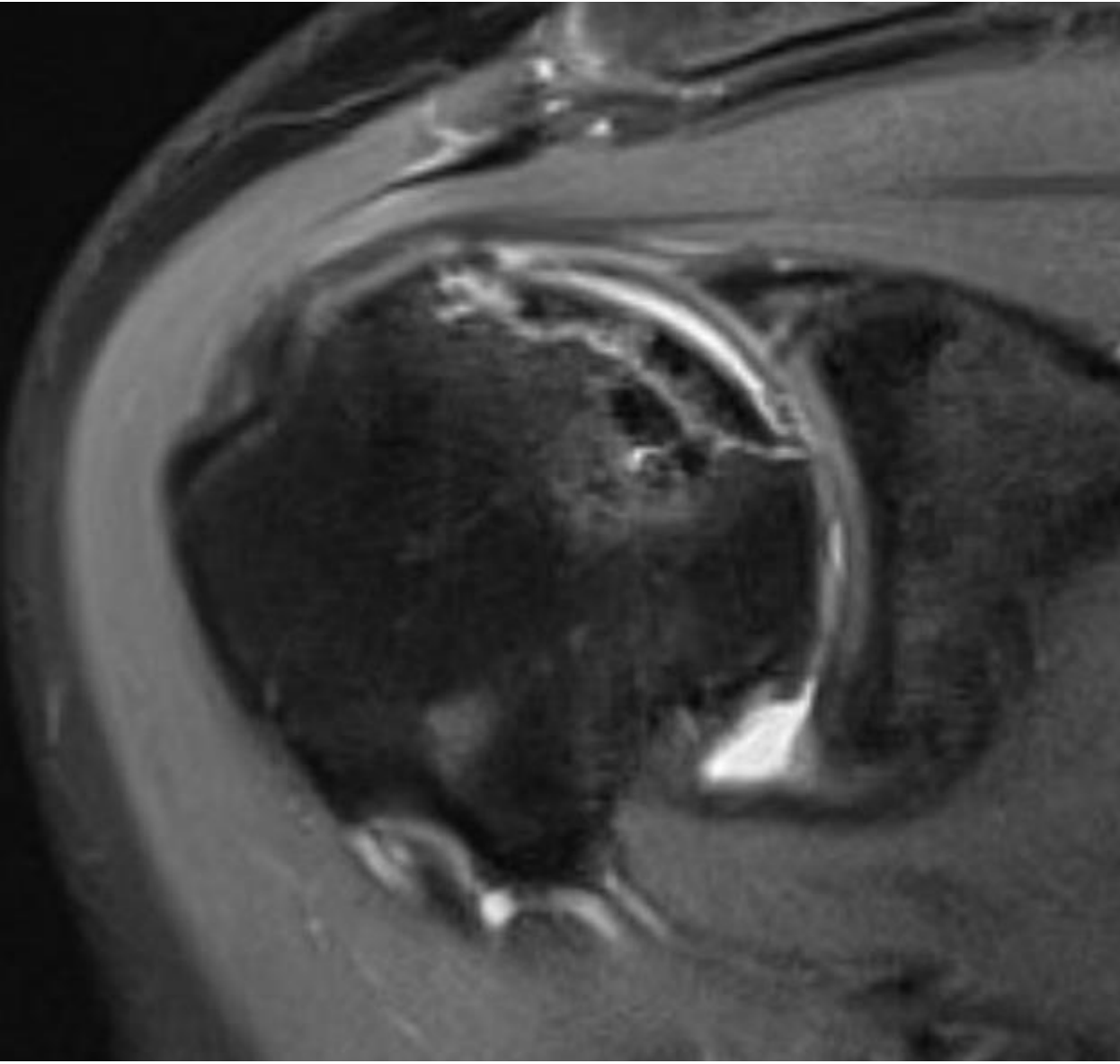
24 yo Female

- 24 yo RHD female
  - Presents for RIGHT proximal humerus AVN
  - History of L proximal humerus AVN
    - Underwent L proximal humeral core decompression in 2016 (Dr. Higgins)
    - Six months later, underwent a L shoulder hemiarthroplasty in 2017 (Dr. Higgins)
- PMH: anxiety, bipolar disorder, asthma, gastric ulcers, anemia, GERD, migraine, OCD
- PSH: L humeral core decompression, L shoulder hemiarthroplasty
- Meds: Cymbalta, albuterol
- All: TamiFlu, Qvar
- FH: Unknown - adopted
- SH: Non-smoker; occasional social EtOH use; Occupation: Master's student - Special Ed; works part-time at Whole Foods
  
- Now, also complaining of bilateral hip and knee pain

Right shoulder Dec 2018



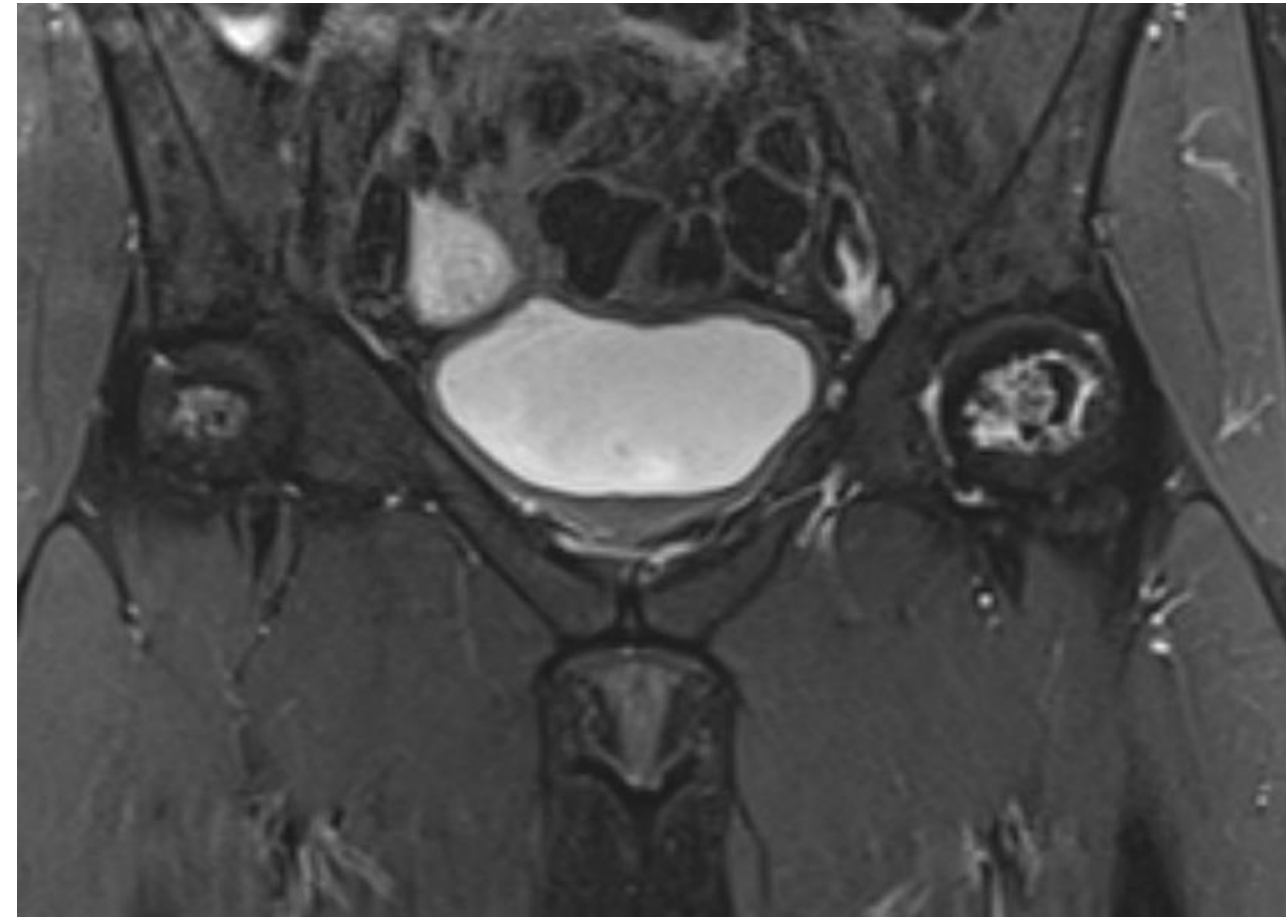
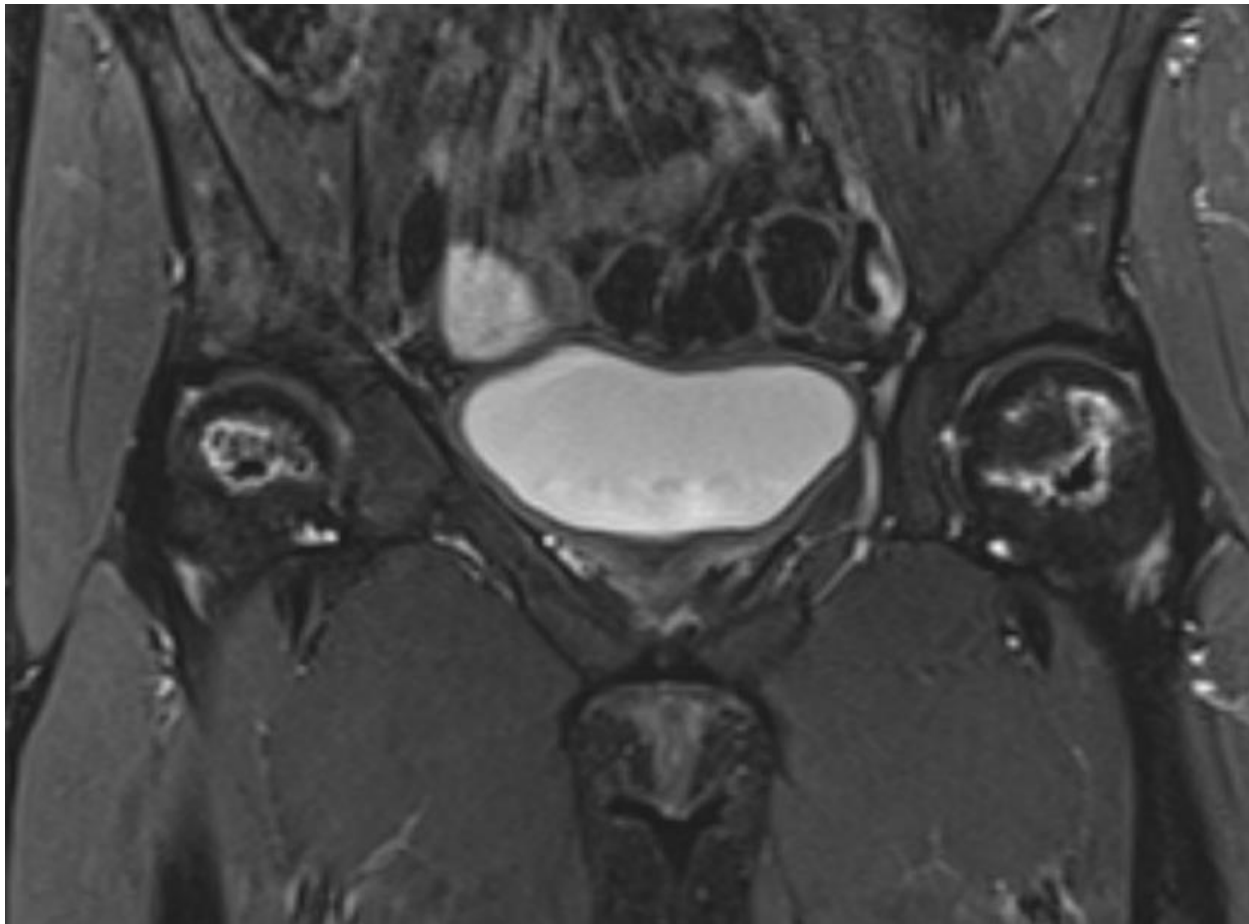
Right shoulder Jan 2019



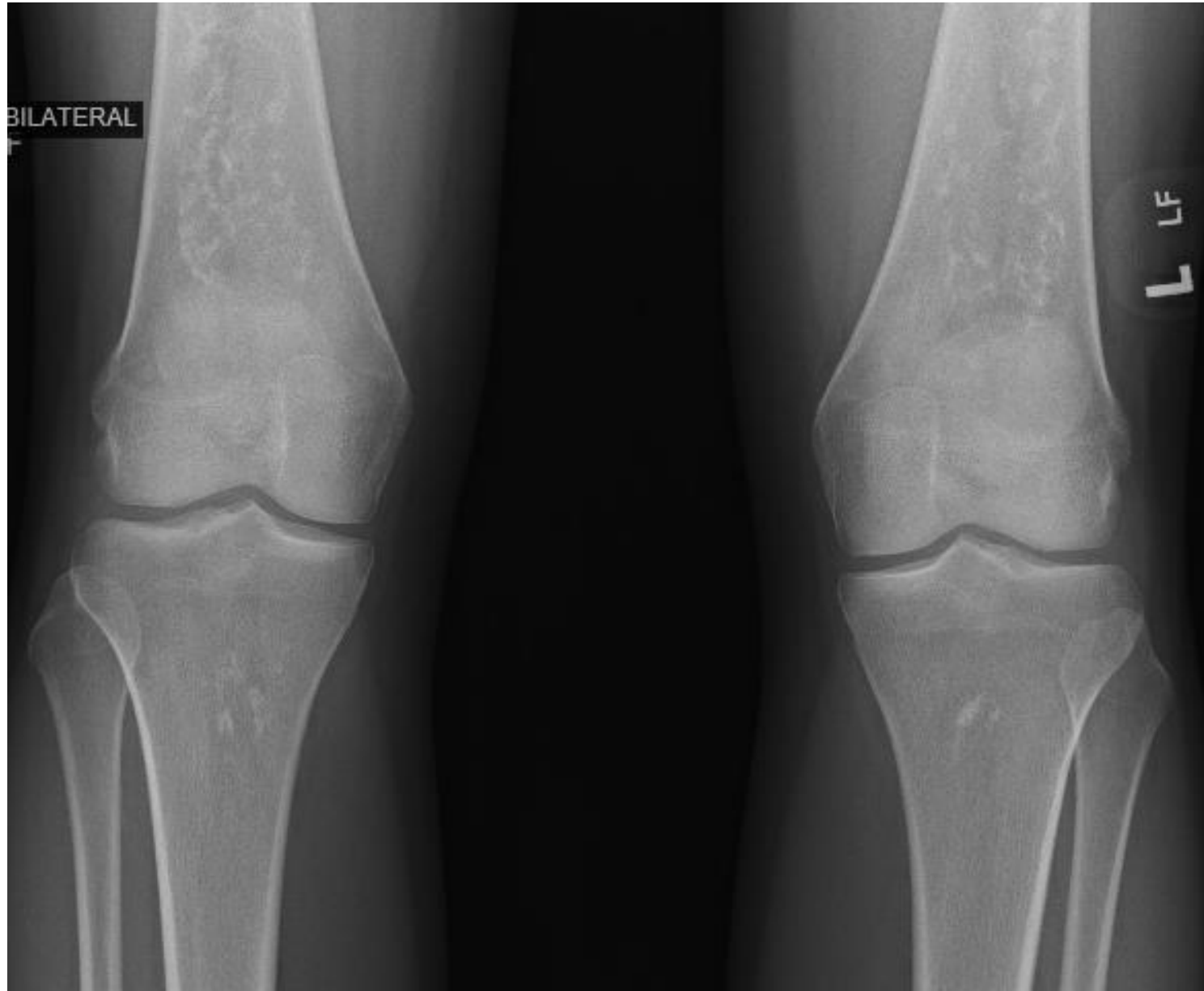
Left hip Feb 2019



BL hip Feb 2019



BL knee Feb 2019



- Plan for LEFT shoulder:
  - LEFT hemiarthroplasty April 2019
- Patient and family concerned regarding etiology of multi-joint avascular necrosis
- Patient evaluated by rheumatology in Feb 2019:
  - Labs for cardiolipin, DVRTT, lupus anticoagulant, IgA, ANA, HIV, tissue transglutaminases are all negative
  - Only identifiable risk factors for AVN, per rheumatology, include several courses of oral steroids in childhood (poison ivy exposure) and mild vitamin D deficiency
  - Current medical treatment includes bisphosphonates and cholecalciferol
- Question for Codman Shoulder Society:
  - 1) Any other suggestions for possible etiologies of patient's multi-joint avascular necrosis?
  - 2) Any recommendations for specialists with a particular interest/focus in avascular necrosis?