

A Missed Diagnosis of Post-Chikungunya Rheumatoid Arthritis and Bilateral Lymphedema: A Rare Presentation

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Abstract

Background Chikungunya virus infection is primarily known for its acute febrile illness, but in some cases, it leads to persistent inflammatory arthritis. Studies indicate that approximately 41.9% of patients with chikungunya infection develop chronic arthritis. While post-viral arthritis mimicking rheumatoid arthritis (RA) is increasingly recognized, its association with chronic lymphoedema remains rare. The exact incidence of lymphoedema following chikungunya infection is not well documented, but persistent inflammation and immune dysregulation may contribute to its development. This case highlights the importance of considering post-viral arthritis in patients with lingering joint symptoms after chikungunya infection. **Case Presentation** A 65-year-old female with a known history of type 2 diabetes mellitus and hypertension presented to the outpatient department of Cardiff Health Centre, Kerala, with complaints of progressive pain and stiffness in the proximal interphalangeal (PIP) joints. Additionally, she exhibited bilateral lymphoedema. Further history-taking revealed that these symptoms began eight years ago, following an episode of chikungunya infection. Laboratory investigations showed an elevated erythrocyte sedimentation rate (ESR), indicative of an inflammatory process. The constellation of symptoms raised suspicion of post-chikungunya RA with accompanying lymphoedema, a rare but plausible presentation. **Conclusion** This case underscores the necessity of recognizing post-chikungunya inflammatory arthritis, which may mimic RA, especially in patients with lingering joint symptoms after viral infection. Additionally, the presence of chronic lymphoedema suggests an overlooked sequelae that warrants further investigation. A multidisciplinary approach involving rheumatologists, infectious disease specialists, and vascular surgeons could aid in optimizing management for such patients, reducing the risk of misdiagnosis and delayed treatment.

Keywords

Chikungunya Fever, Arthritis, Reactive, Lymphedema