Extrapulmonary TB, All-In-One: A Case Report

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Introduction:
The spine is the most common site of skeletal tuberculosis. The risk for developing active tuberculosis is higher in immunocompromised patient. The most common location of spinal tuberculosis is thoracic region. However, in the case presented, young healthy lady presented to us with multiple cold abscess in multiple anatomical parts, included lumbarsacral spine instead of thoracic spine. Almost all extrapulmonary tuberculosis manifestations presented in this patient.

Case Report:
21 years old lady, presented with lower back swelling for 8 months with sinus over left trochanteric region for the past 1 month, left neck, proximal tibia and right ankle swelling throughout the course of the disease. On physical examination, noted left side cervical lymphadenitis and swelling over petit triangle with sinus over left trochanteric region, left proximal leg and right ankle. Otherwise neurology remained intact. Viral infective screening was negative, ESR raised however TB workout was negative. Lytic lesion of proximal left tibia region is well visible from AP view of plain radiograph of left tibia. MRI whole spine showed features that are keeping with spondylodiscitis of L4-S2 and subligamentous spread. After two months of antituberculosis drugs, swelling resolved with complete closure of the left trochanteric region sinus.

Discussion:
Thoracic region is the most common location for spinal tuberculosis and in the early disease it affects the anterior metaphyseal vertebrae body. Unlike this case, the tuberculosis infection of the spine involves lower region of vertebrae.

Conclusion:
About 41 percent patient spinal tuberculosis presented were initially misdiagnosed. High index of suspicious is required to pick up spinal tuberculosis in the early stage of disease. Combination of chemotherapy is the mainstay in treating spinal tuberculosis.

References: