

NEGLECTED RIGHT WRIST TUBERCULOUS ARTHRITIS WITH SEVERE DEFORMITY IN PULMONARY TUBERCULOSIS PATIENT

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Introduction: Musculoskeletal tuberculosis accounts for approximately 10% of all extrapulmonary tuberculosis in United States and is third commonest after pleural and lymphatic disease. Tuberculous arthritis usually presents as chronic, gradually progressive, monoarticular infection which commonly affecting weight bearing joints and spine. Mycobacterium tuberculosis infection of hand and wrist are rare and consists of <1% of all musculoskeletal tuberculosis. However, even though it is rare, wrist tuberculous arthritis eventually results in severe morbidity. We presented a case of neglected right wrist tuberculous arthritis with severe deformity.

Discussion: 61 years old gentleman who was previously healthy presented with chronic painful swelling of right wrist for 9 months. Right wrist swelling was preceded by minor trauma and slowly worsening and associated with non-mechanical pain. In addition, he was having non productive cough for past 3 months without constitutional symptoms. X-ray of right wrist showed osteolysis of carpal bones and distal end right radius and ulnar with widening of distal radio-ulnar joint. Chest X-ray demonstrated homogenous opacity at right apical lung with tracheal deviation to right side. Acid fast bacilli detected in sputum. MRI of right wrist showed wrist joint effusion with thickened enhancing synovium and flexor tendon sheaths. There was evidenced of reduced carpal and carpo-metacarpal joint spaces with peri-articular osteoporosis. In view of concomitant pulmonary tuberculosis, tuberculous arthritis of right wrist had been concluded. Right wrist arthrodesis is planned after completed one year of anti-tuberculous treatment.

Conclusion: The diagnosis of musculoskeletal tuberculosis is often delayed due to its insidious onset and failure to consider the diagnosis. Early diagnosis of disease with imminent treatment is important to minimise potential deformity and improve clinical outcome. Newer imaging modalities such as MRI and CT scan and obtaining appropriate specimens for culture and other diagnostic tests especially tuberculous PCR is essential to establish a definitive diagnosis.