

TUBERCULOSIS THE ULTIMATE IMITATOR: INTRAMUSCULAR TUBERCULOSIS IN AN IMMUNOCOMPETENT PERSON IMITATING SOFT TISSUE SARCOMA

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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. Intramuscular tuberculosis is among rarest side and can be mimicking soft tissue sarcoma owing to their insidious onset of disease and painless swelling until late stage of the disease.

Discussion: 24 year-old lady who was previously well presented with gradually growing painless swelling at left buttock for 1 year. She only seek for medical attention when it was associated with non-mechanical pain for 3 months and associated with constitutional symptoms and lost 5kg in past 3 months. CT pelvis showed multiloculated hypotenuse area with peripheral enhancement in the left buttock extending to presacral region associated with erosion of ala of left sacrum and part of left iliac bone. MRI pelvis demonstrated large soft tissue mass arising from left gluteus maximus muscle extending into presacral space and insinuating the sacral foramina. Both CT and MRI imaging suggestive of soft tissue sarcoma. Tru-cut biopsy of left buttock performed with intraoperative findings of frank haemopurulent collection from puncture site. Stains are negative for acid-fast bacilli and fungal bodies respectively. There was no growth from culture of aspirated fluid. Histopathological examination reported as chronic granulomatous inflammation with focal necrosis. Eventually, tuberculous PCR and quantiFERON both showed positive for tuberculosis. Minimal invasive drainage of left buttock and anti-tuberculosis have successfully resolved the swelling.

Conclusion: The diagnosis of musculoskeletal tuberculosis is often delayed due to its chronic clinical course and confusion with malignancy. Early diagnosis of disease 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.