

TB KNEE IN HIV PATIENT: THE ELUSIVE VILLAIN

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Introduction: Osteoarticular tuberculosis accounts for only 1 to 3% of tuberculosis with cases involving the knee joint even less common. This condition is commonly associated with immunosuppressive state like HIV. A case of tuberculosis knee in a middle age gentleman with underlying HIV is reported here.

Discussion: A 37-years-old gentleman presented with 10 months' history of right knee pain and gradual swelling. Pain worsened causing patient to ambulate with crutches. No preceding trauma or constitutional symptoms were reported. 7 years prior, he was treated for lymph nodes tuberculosis with 6 months course of antitubercular therapy. He maintained a good compliance to HAART module for HIV infection since 2010. Clinical examination revealed a tender and swollen right knee with doughy consistency and thickened synovium. Fixed flexion deformity was observed with range of motion from 15 to 60 degrees. Knee arthrocentesis was done but synovial fluid Gram stain and culture analyses were negative. Blood investigations were normal except for increased CRP (24 mg/L) and ESR (120mm/hr). Roentgenogram showed no bony erosions or other anomalies. MRI was subsequently performed and demonstrated thickened synovium with serpiginous foci seen in both femoral condyles and proximal tibia. Diagnosis of right knee tuberculosis was established. Patient was prescribed with antitubercular therapy for 9 months along with physiotherapy. A remarkable improvement was seen after 1 month of therapy in terms of pain and range of motion.

Conclusion: Tuberculosis of knee is a diagnostic challenge and failure to commence treatment in a timely manner will worsen the prognosis. Although tissue cultures remain the gold standard of diagnosis, the paucibacillary nature of tuberculous lesion may reduce its sensitivity. Therefore, clinicians' awareness of the disease especially in endemic region and high risk patients is the foremost step in diagnosing the condition.