

UNLIKELY ELBOW SEPTIC ARTHRITIS? A CASE REPORT

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Introduction: We described a case of tuberculous arthritis of elbow in fit young adult to which initially presented with septic arthritis lacking other constitutional symptoms.

Discussion: 23-years-old female presented to us with a history of pain and chronic swelling over left elbow for past 4 months. In the last 2 weeks, she had suffered from gradual appearance of blister and redness with onset of pus discharge from the swelling. She had previously worked as storekeeper for the past 4 years with colleagues of foreign workers. Physical examination revealed swelling 1x1cm over left elbow with punctum at the medial aspect accompanied with seropulent discharges. Range of motion restricted at 45-90 degree. Pronation and supination also limited. Axillary lymph node not enlarged. Admission laboratory findings were C-reactive protein of 82, leukocyte 10 while viral screening were non-reactive and tumor markers taken were also negative. Plain radiography showed lytic changes over distal humerus with adjacent osteopenic bone and periosteal reaction seen. Chest x-ray otherwise normal. Ultrasound of elbow joint done noted to have extensive complex effusion and surrounding communicating soft tissue collections. Diagnosis of septic arthritis was made and arthrotomy washout and bone curettage of elbow was performed and few samples sent for analysis. Histopathological samples from the bone and synovial tissue noted to be necrotizing granulomatous inflammation. No acid fast bacilli were detected in sample studies but DNA testing for Mycobacterium Tuberculosis amplified using polymerase-chain-reaction(PCR) was positive. Anti-TB treatment was commenced and further follow up at 2 months with elbow MRI was planned.

Conclusion: This proved that osteoarticular tuberculosis have to be excluded in the diagnoses of septic arthritis. It is imperative to take thorough social and job history as one of the risk factor for TB infection.