INTRODUCTION:
As we discuss about tuberculous in orthopaedic settings, our focus always towards vertebra body as well as involvement of the of the intervertebral disc. The overall incidence of the extra-pulmonary tuberculosis is about 15% and usually it affecting spinal tuberculosis which is about 5%.

CASE REPORT:
An elderly lady in her 70s with no underlying co-morbid presented with chief complaint of wound over right wrist and generalised malaise. On further history, patient does not have any history suggestive of malignancy and tuberculosis. Generally has poor appetite and loss of weight. On examination, right wrist swollen with obvious sinus which discharging “cheesy” kind of material. Definite key point in treating the patient was the wrist x-ray findings which resembling towards malignancy as the carpal bones are destroyed with no obvious demarcation. Bones appears osteopenia, however no osteolytic lesions noted. Further history and evaluation was leading towards treatment of infected tophi but little doubt arise towards investigating other causes. Patient underwent radical wound debridement and diagnostic tissue sampling.

Intraoperatively noted cheesy like material and bones are relatively softer. Adequate sample taken and sent for histopathology examination to rule out malignancy, tuberculosis screening, gram staining and culture and sensitivity.

As the initial treatment focused on infection, patient was started on broad spectrum antibiotic till other results available. Patient was allowed to be discharged with daily dressing and continuation of antibiotic. Antibiotic is continued till next review and to our surprise the culture and sensitivity turns out to be negative for growth but as the test for malignancy and tuberculosis still pending, the antibiotic is continued.

To conclude our treatment, the tuberculosis screening had become positive and patient was started on anti-tuberculosis by the chest team. Patient has good outcome following anti tuberculous treatment. Patient bone quality and general condition improved.

DISCUSSION:
Tuberculosis of wrist joint is unusual clinical presentation. The presentation may represent other clinical spectrum such as malignancy, rheumatoid arthritis as well as calcium deposition disorders. The suspicion of the tuberculosis in this case had given good prognosis and outcome.

CONCLUSION:
It is always safer to have high index of suspicious in treating elderly patients as they usually present with atypical presentation comparing to younger patients. The timely treatment of tuberculosis, will improves the general condition and reduces the morbidity.