

The Great Mimicker: Tuberculous Extensor Tenosynovitis Of The Wrist

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INTRODUCTION:

We present a case of isolated tuberculous (TB) extensor tenosynovitis of wrist which was managed earlier as compound ganglion cyst.

CASE REPORT:

A 54 years old man presented with progressive swelling (7 months) over dorsum of his left wrist. He denied constitutional symptoms and high risk behaviours. On examination there is an 8 cm x 5cm soft lobulated mass over dorsum of the wrist. Range of motion (ROM) of wrist was minimally affected but affected his finger grip. Full blood count showed microcytic hypochromic anemia. ESR was elevated (73mm/H). Infective screening was negative. Chest and wrist radiographs were normal. Wrist MRI showed subcutaneous lobulated mass encasing extensor tendons with homogeneity at centre of the mass without tendon infiltration. Pre-operative diagnosis was compound ganglion cyst. Intraoperatively, there was a multiloculated cysts encapsulating extensor digitorum communis and extensor indicis tendons. No classical rice bodies to suggest TB was seen. However, the swelling recurred after 3 weeks post op. Histopathological examination revealed a caseating granuloma composed of epithelioid cells with scattered Langhan's giant cells surrounded by reactive lymphocytes. Acid fast bacilli is identified on ZN stain.

Final diagnosis was tuberculous extensor tenosynovitis. Anti-TB regiment was commenced. Recovery was uneventful without recurrence of the swelling. With intensive physiotherapy, he gained full function of the finger and wrist at 6 months post-operatively.

DISCUSSION:

TB in the wrist represent 2-4% of musculoskeletal TB ⁽¹⁾. Rice bodies, which consist an inner amorphous cord of eosinophilic material surrounded by collagen and fibrin, are also present in other inflammatory conditions. ⁽²⁾

There is some debate on the need for surgical excision compared to anti TB alone due to risk of tendon adhesion postoperatively. Issues of extent of debridement, in particular of complete excision or tendon sheath preservation need to be considered ⁽¹⁾. However due to meticulous soft tissue manipulation during excision and intensive physiotherapy this patient gained full function of the hand.



Figure 1: Intraoperative view of specimen



Figure 2: Axial and sagittal view on MRI.

CONCLUSION:

TB extensor tenosynovitis is rarely seen. Even with surgical excision, anti-TB is still the mainstay of treatment. Intensive physiotherapy is vital to achieve optimum functional outcome.

REFERENCES:

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