

A RARE CASE OF CARPAL TUNNEL SYNDROME

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Introduction: Extra pulmonary tuberculous involvement of the musculoskeletal system is uncommon, accounting for only 10% of tuberculosis cases. Although the tendon sheaths constitute an uncommon target of extra-articular TB, it remains the leading cause of chronic tendon sheath infection. The diagnosis of tuberculous synovitis is usually delayed as it mimics many other conditions.

Discussion: 55 year old with history of substance abused, presented with 3 months history of numbness and pain over median nerve distribution. Patient denied any constitutional symptoms. Clinically, presence of deep-seated mass over volar side of the wrist. Tinel sign was positive and there were limited motion of all the fingers. Mantoux test was negative and other biochemical markers were insignificant. MRI left wrist was suggestive carpal tunnel syndrome with chronic flexor tenosynovitis. Intraoperatively the mass extended across the flexor retinaculum from distal third of radius and contained yellowish fluid with multiple rice bodies. The flexor tendons sheaths were also thickened while the median nerve was pale and flattened. The tissue biopsy shows mycobacterium tuberculosis complex. Subsequently, anti-tuberculous chemotherapy was given for a total of 9 months duration

Conclusion: The mechanism of infection can be haematogenous from a pleuropulmonary or genitourinary tuberculosis or direct inoculation from adjacent bone or joint infection. Common risk factors include previous trauma, corticosteroid injections, elderly, low socioeconomic status, alcoholism and immunosuppression. Diagnosis is often established after culture of mycobacterium from surgical biopsies or tenosynovectomies. Tuberculosis tenosynovitis requires extreme diligence from attending surgeon. However, in an immunocompromised patient this should raise imminent red flag. A negative biochemical work up should not exclude TB synovitis. With high index of suspicion, we implore on prompt empirical anti-TB initiation. Early radical excision of the infected tissues combined with anti-tuberculous multidrug therapy gives good functional results.