

# Wrist Tuberculosis: A Diagnosis Not To Be Missed

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## INTRODUCTION:

Tuberculosis (TB) of the hand and wrist is rare. Diagnosis is often delayed and in turn late eradication therapy, leading to profound morbidity. This report presents a rare occurrence of TB wrist which was initially misdiagnosed as acute rheumatoid arthritis with good eventual outcome.

## REPORT:

A 66-years-old lady first presented with right wrist insidious swelling for 2 months. It began from the volar aspect of right wrist, which later progressed to whole joint. Pain was remarkable and loss of function was pronounced as of her dominant limb. No constitutional symptoms were reported. Her comorbidities include diabetic mellitus, hypertension and rheumatoid arthritis.

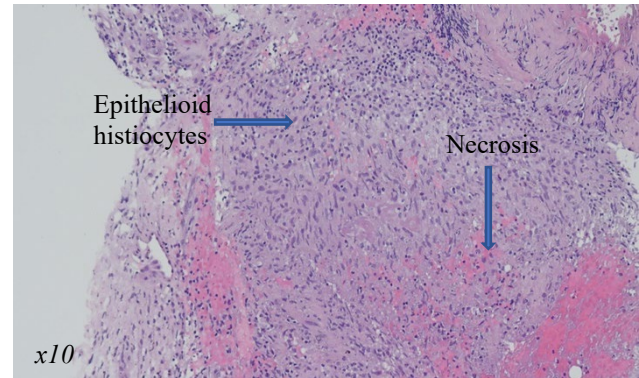
She was initially treated as acute rheumatoid arthritis with courses of disease-modifying antirheumatic drugs and steroids. Despite so, all the above treatments were in vain. Hence, she was referred to us for further assessment.

At presentation, the wrist was swollen with induration, warmth and fluctuance. Range of motion was globally limited. Investigations revealed raised C-Reactive Protein (20mg/L) and Erythrocyte Sedimentation Rate (95mm/hr). Ultrasonography evident of synovitis with multiloculated effusion. Radiographs were otherwise normal.

She then underwent arthrotomy washout for presumed septic arthritis. Operative findings include the presence of 4cc purulent collection from with sloughy synovium tissues. Samplings were acquired. Histopathological examination later revealed lymphoid tissue with caseating granuloma. Other composite tests were all unremarkable.

She was then initiated with intensive phase of anti-TB therapy for 2 months, followed by 7 months of maintenance anti-TB. Clinical improvement was remarkable upon review at 6

months with full range of motion and return to pre-morbid function.



**Figure 1: HPE of synovium shown lymphoid tissue with caseating granuloma**

## CONCLUSION:

TB is often regarded as the great mimicker. It is always worthwhile acquiring TB composite test should clinical suspicion is present, as in this case which swelling presented late and non-responded to antirheumatic therapy.

## REFERENCES:

1. Zou et al., Wrist tuberculosis-experience from eighteen cases: a retrospective study, *Journal of Orthopedic Surgery and Research*. 2021;16:37
2. Shah et al., Wrist swelling – is it tuberculosis?, *Journal of Family Medicine and Primary Care*. 2017;6:865-6