

A RARE CASE OF ISOLATED TALUS TUBERCULOSIS IN PEDIATRIC PATIENT

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INTRODUCTION

Tuberculosis of talus bone is a rare occurrence, with only one case reported among 992 cases in 20 years[2]. Its non-specific symptoms may delay diagnosis and treatment. Our report highlights a case of isolated tuberculosis of the talus bone in Malaysia.

CASE REPORT

We present a case of a 1-year-old boy who complained of persistent painful left ankle swelling for 2 months. He had no known medical illness and no other symptoms. On examination, painful oedematous ankle.

The ESR, CRP, sputum AFB, and chest X-ray were unremarkable. The Mantoux test was positive (10mm). No obvious osteomyelitis on the initial X-ray however after 2 months, it showed an irregular lytic lesion over the left talar head and neck of the talus. Open bone curettage of the left ankle was carried out and the histopathological test showed chronic osteomyelitis with granulomas inflammation. The specimen was sent for an MTB-PCR test which confirmed the diagnosis. HPE for surrounding fat tissue was normal. Ultrasound abdomen and MTB culture of gastric lavage were normal and ruled out disseminated TB.

The patient was given a 4-drug therapy (HERZ regime) for a 2-month intensive phase of anti-TB treatment, followed by a 3-drug therapy for a 7-month maintenance phase. After completing 9 months of anti-TB treatment, the patient was able to walk without any pain. This was confirmed by X-rays of the ankle that showed bone healing of the talus.



Figure 1: X-ray of left ankle on initial presentation



Figure 2: X-ray of ankle joint showing lytic lesion after 2 months symptoms.



Figure 3: X-ray of the ankle joint after 9 months of anti-TB

CONCLUSION

Talus tuberculosis is rare and difficult to diagnose early on. A confirmed diagnosis requires a bone biopsy. Medical treatment is primary, and surgical intervention is beneficial for early diagnosis.

REFERENCES

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- [2] Anderson et al (1979). Tuberculous osteitis of the talus.Tubercle,60(2),115–118