

Synovioma Like Septic Knee, Kuala Krai District Encounter A Case Report

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INTRODUCTION:

Soft tissues encompasses of muscles, ligaments, joint capsules and others are essential in body components. Inflammation of these soft tissues may arise from multifactorial conditions such as infection, trauma, degenerative changes and the most bizarre is malignancy. Synovial Sarcoma is a rare condition which can lead to long term disability with vast majority cases of synovial sarcoma involving large joints in adolescent and young adult patients have been reported in the literature¹. We present our experience of encountering a septic knee² mimicking synovial sarcoma.

REPORTS:

In October 2023, a 27 years old woman presented with left knee painful swelling for a month. Despite multiple visit to hospital for treatment, the symptoms remains and joint aspiration does not yield any positive findings. She was then referred to our center and proceed with ultrasonography. Initial ultrasonography noted features likely represent left intramuscular abscess with reactive left knee effusion. She was then proceeds with incision and drainage, and arthrotomy joint washout. Intraoperatively, noted hemoserous discharge underneath vastus medialis, with red and turbid color of synovial fluid. Diagnosis was revised to septic knee arthritis and antibiotic course was continued, culture and sensitivity shows no growth and was discharged. Upon reassessment at clinic noted 'stony hard' swelling despite completion of antibiotic course. Xray reporting suggested disuse osteoporosis with new area of calcification Urgent Magnetic Resonance Imaging (MRI) was done, finding suggestive of left knee synovial sarcoma. Bone Biopsy done and HPE result in favors of benign and consistent with local inflammatory changes



Figure 1: Initial radiograph of left knee

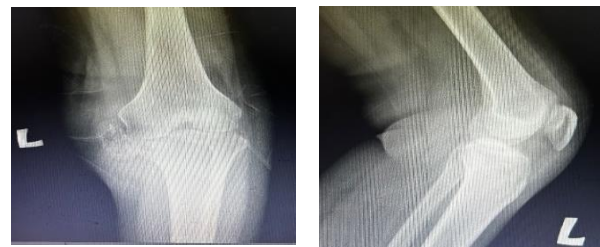


Figure 2: Radiograph of left knee post I&D and arthrotomy joint washout

CONCLUSION:

Synovial sarcoma may present as inflammatory arthritis and it could be vice versa as well. Detailed through history, examination and findings can conclude the diagnosis. Hereby we would like to stress on the principle of sending sample for both culture and sensitivity as well as histopathological examination. If this had been followed, additional imaging could had been excluded.

REFERENCES:

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