

Tuberculosis of Hip Joint

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INTRODUCTION:

Tuberculosis of the hip joint is second to spine only. The management is challenging because it will take from week to months to get the diagnosis and to start the treatment. Thus high index of suspicion is required when come across cases that not response with the appropriate treatment given as early detection can avoid deteriorating patient's quality of life.

REPORT:

A 63 year old malay gentleman with underlying Diabetes Mellitus and hypertension presented with right hip pain for 2 months and fever for 2 weeks. Hip pain gradually worsened. Upon examination, right hip is tender. The range of movement of the hip restricted due to the pain. Sputum AFB and Mantoux test results are negative. Multiple blood cultures taken but no growth reported.

X-ray pelvic showed subluxation of the hip joint with sclerotic femoral head and acetabulum.. Ultrasound was done and reported right hip joint effusion with echogenic debris within suggestive of right hip septic arthritis.

CT abdomen pelvic showed deformity of the hip joint. The acetabulum is irregular and sclerotic. The femoral head is notched at the superior aspect and margin is sclerotic. Surrounding muscle is bulky and enhancing. There is collection (1.6 x 1.2 cm) anteriorly. Finding is suggestive of chronic septic arthritis of the right hip joint.

Right hip arthrotomy washout and biopsy was done. Intraoperatively there is presence of slough but no fluid collection. The HPE result later came back as Chronic granulomatous inflammation.

Patient was started on anti TB Akurit IV. Patient responded well with the treatment. Hip pain reduced and he is able to slowly walk with aid.



Figure 1: X-ray Pelvic and right hip

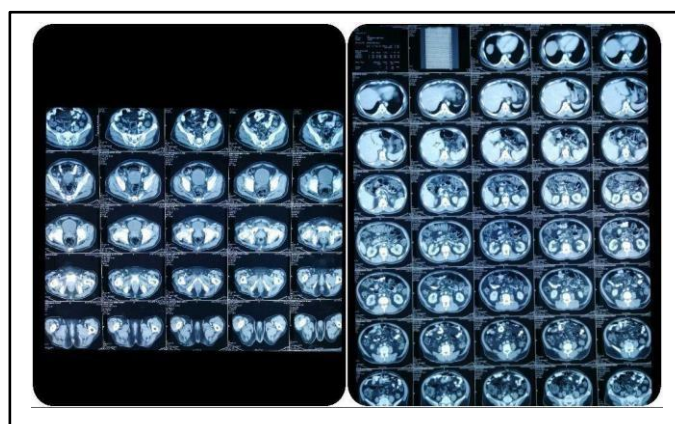


Figure 2: CT pelvic

CONCLUSION:

Early diagnosis is very important as Tuberculosis hip arthritis is a disease that can cause restriction of movement, pain and deteriorates the patient's living standard if diagnosed late.

REFERENCES:

1. Tuberculosis of hip : A current concept review, Shyam Kumar Saraf, Indian J Orthop. 2015 Jan-Feb; 49(1): 1-9