

Ankle Tubercular Septic Arthritis Overlooked? A Case Report

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INTRODUCTION:

The incidence of tuberculosis is on the rise. In Malaysia the incidence was 81.4 per 100,000 population in the year 2010¹. The number of patients increased from 15,000 in 2005 to 19,251 in 2011¹. While pulmonary TB is the commonest form of manifestation, extra pulmonary TB is on the rise. Here, we present a case of a patient who initially treated for TB arthritis of ankle and later presented with spinal tuberculosis.

CASE REPORT:

30 year old male, no comorbidities, active smoker, presented with pain over the right ankle for 5 months following a fall due to slippery floor. Due to persistent pain and difficulty in ambulation, MRI of right ankle was done in private and was suggestive of TB ankle which was later validated through staining obtained from ankle aspiration. At this stage, he did not complain of any back pain or neurology and the chest x-rays were normal. Formal debridement, joint washout and synovium biopsy was done in our centre and patient was started on anti-TB medication by the chest team and patient was discharged well. He presented again a month later with complaints of back pain with bilateral lower limb weakness, numbness and unable to ambulate. MRI spine done was suggestive of TB spondylodiscitis and he underwent posterior instrumentation and decompression. His subsequent follow ups were uneventful and his neurology improved gradually to normal.

DISCUSSION:

Tuberculosis of ankle joint is relatively uncommon presentation of extrapulmonary TB².

There are no documented literatures on concomitant ankle TB with spinal tuberculosis. The uncommon site, lack of awareness, and ability to mimic other disorders clinically and on radiographs, leads to diagnostic and therapeutic delays³.

CONCLUSION:

The purpose for this case report is to highlight the importance of recognition of the condition and for prompt treatment. High index of suspicion is required especially when patient presents with chronic pain of a particular joint. In such cases, MRI will be more useful than a plain x-ray. In the absence of back pain or neurology and a normal chest x-ray, the possibility of spine involvement cannot be ruled out and the very least, a spine radiograph should be done and reported before proceeding with MRI to prevent a missed diagnosis.

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