

Tuberculosis Of The Wrist: Presented As A Long-Standing Wrist Swelling In An Elderly

Munajat I, Sanjeevan R

*Department of Orthopaedics, School of Medical Sciences,
University Sains Malaysia, 16150, Kubang Kerian, Kelantan, Malaysia.*

INTRODUCTION:

Osteoarticular tuberculosis (TB) is a rare form of the disease spectrum which accounts for 1-5% of all cases [1]. The wrist is an unusual site for osteoarticular TB. Known as the great mimicker with an absence of distinctive signs and symptoms, it makes the diagnosis difficult and hence delays treatment.

CASE REPORT:

We reported a case of a 69-year-old Malay male presented with worsening left wrist swelling for 2 months. On further history, we noted that he had presented 10 months ago with the similar complaint which was preceded by a fall 2 months prior whereby he was treated as cellulitis. Subsequently, he defaulted follow up. Patient denied any history of fever, chronic cough, loss of appetite, loss of weight or night sweats. Patient has a child who was diagnosed to have tuberculous lymphadenitis 30 years ago and has completed treatment. He was afebrile and his left wrist was diffusely swollen extending up to distal forearm with minimal serous discharge from the volar aspect of the wrist. He had limited wrist flexion and extension. The range of motion of the fingers was not affected. Other systemic examinations were unremarkable. Radiograph of his left wrist showed severe articular destruction with lucency over the metaphyseal area of the distal radius and ulna. The proximal row of carpal bones was also eroded. His chest x-ray was reported to be normal. Laboratory investigations showed a normal white cell count and ESR level with a negative CRP. Joint aspiration was done and culture was tested to be positive for Acid Fast Bacilli (AFB). Mantoux reading was positive with induration of 16mm. He was then started on the anti-TB regime. On follow up after two weeks of initiation of treatment, the swelling showed reduction and patient had some improvement in his wrist motion.

Figure 1: Global swelling of the left wrist



Figure 2: Plain radiograph of the wrist (AP projection)



DISCUSSION:

A high index of suspicion should be raised when dealing with a long-standing bone or joint swelling as it may be the presenting feature of tuberculosis. The possibility of tuberculosis should not be excluded in the absence of systemic symptoms or if the chest radiograph is normal [2].

CONCLUSION:

Early diagnosis and treatment are pivotal and tuberculosis must be considered in chronic joint swelling despite conventional therapy especially in patients at risk and in endemic countries.

REFERENCES:

1. Garrido, Gregorio, et al. "A review of peripheral tuberculous arthritis." *Seminars in arthritis and rheumatism*. Vol. 18. No. 2. WB Saunders, 1988.
2. Mussax, Mohamed Altayeb, et al. "Isolated tuberculosis of the wrist: A rare case of extrapulmonary tuberculosis." *Int Journal of Case Reports and Images* 4.10 (2013): 541-545.