TB Wrist

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INTRODUCTION:

The number of new TB cases has increased from 2005 to year 2011¹. That is from 15000 to 19251¹. Though PTB is the commonest, however, extrapulonary still pose a threat¹. In general, even in the group of extrapulmonary TB, the likely localization is spine and large synovial joints i. e hip, knee⁵. Wrist TB is a rare phenomenon⁵. This case reports on a tubercular arthritis with osteomyelitis with concomitant pulmanary tuberculosis.

REPORT:

A 70 year old gentlemen presented with right wrist swelling with sinus for past 3 months. He also had constituional symptoms along with nocturnal sweats. On examination noted there is two punctum measuring 0.5cm x 0.5cm on ulnar and radial aspect with minimal discharge. Also noted the wrist is unstable.

Wrist xrays showed periarticular erosion and osteoporosis. The chest xray showed left upper lobe opacity and proceeded with CT thorax which revelaed PTB. Gene expert of the sputum was positive. Hence, both pathology treated with TB Chemotherapy. An external fixation was done for the unstable wrist.

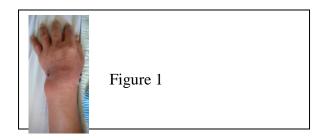


Figure 1 showing wound over the dorsum of hand



Figure 2 : Xrays showing periarticular erosion



Figure 3 : Xrays showing wrist external fixation

DISCUSSIONS:

Though wrist tuberculosis is one of the least commonly encountered entity, it must be always thought about when a patient presents with chronic swelling over the wrist though pain may not be the predominant complaint. In the presence of a sinus and typical chest xray findings, the diagnosis may be easier.

CONCLUSION:

In summary persistent swelling of a joints and discharging sinuses can be a sign of tuberculosis. Presents of a systemic signs can help to narrow the diagnosis. Hence, TB wrist need to be considered as one of the important diagnosis for a long standing wrist swelling and need to be concomitantly examined for the lungs.

REFERENCES:

1. Clinical Practice Guideline Malaysia, Management of Tuberculosis, 3rd edition, November 2012.