

TB ANKLE: A DIAGNOSIS EASIER SAID THAN DONE

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Introduction: Tuberculosis (TB) that involves musculo-skeletal system is 1-3% and commonly affects the spine, hip and knee. It is rare for ankle joint to be affected and cause delay in diagnosis. The incidence found to be less than 5% and can mimic a wide range of conditions.

Discussion: 15 years old boy presented with painful right ankle swelling for past 6 months without constitutional symptoms. There is destruction of ankle joint with increase soft tissue shadow on ankle xray. MRI showed heterogenous signal intensity involving physis of fibula, tibia and talus, suggesting of infection. Debridement of right ankle done and histopathological examination showed tuberculous granulomatous inflammation. Patient started with anti TB medication and responded well. There is improvement of ankle swelling and pain on walking. Patient is satisfied with AOFAS score of 75.

Conclusion: In developing countries, TB still caused major morbidity and disability. 1% represents osteoarticular TB, spine being the most common followed by major weight bearing joints. Ankle TB is rare and only 1% of musculoskeletal TB (1). Patients come with pain, swelling and stiffness of ankle joint. Presences of swelling with fullness around malleoli and tendoachilis insertion are the important signs. Sinus or non-healing ulcer may present with secondary infection. The midtarsal joint is the most commonly affected joint in this disease (2). Peripheral marginal erosion and space narrowing on plain radiograph are non-specific. Bone destruction and osteolysis can be seen CT scan and MRI, which is also non-specific. To confirm the diagnosis, specimens from the infected site should be sent for histopathological examination (3).