

# Tuberculosis: the tumour chameleon

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## INTRODUCTION:

Tuberculosis (TB) is contagious endemic disease in Malaysia. Recognizing the symptoms accurately this disease is the 1<sup>st</sup> step towards treatment. However, TB can masterly disguise as other disease altogether which cause delay in treatment. Our case showed where TB can be mistaken as malignancy.

## REPORT:

A 22 years old gentleman with no previous medical illness presented with 5 months history of painless right elbow swelling. This progressive swelling later become painful causing him unable to move following a fall. Patient also had loss of appetite with profound loss of weight. He denied any history of fever or chronic cough.

On physical examination, patient was cachexic with difficulty in breath. He was later intubated due to respiratory collapsed. On local examination, his right elbow is a soft, cystic feel swelling. Elbow motion is painful with notable bony crepitation.

Biochemical investigation revealed elevated CRP and high LDH level. Other routine workout did not showed anaemia, leukocytosis or any other abnormality.

Radiological images revealed ill-defined lytic lesion with wide transitional zone involving the entire humerus and ipsilateral radius/ ulna. Other findings include concurrent radial head fracture with dislocated elbow. MRI showed multiloculated collection of the right elbow joint with thickened enhancing wall. There is associated joint effusion with enhancement and proliferation of the synovial wall.

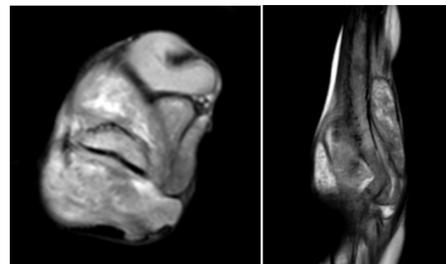
Tuberculous screening test later showed positive results. Patient was treated with anti-

tuberculous drug, namely rifampicin, ethambutol, pyrazinamide and isoniazid. Patient showed improvement in general condition as well locally. His elbow swelling reduces and regained some of joint motion. At 2 months of anti-TB treatment, repeated x-ray showed radiographic improvement of cortical thickness.

**Figure 1:**



**Figure 2:** MRI image showing multiloculated collection



## CONCLUSION:

Osseous involvement of tuberculosis can be mistakenly interpreted as malignancy. Possibilities must be considered in endemic region even without active pulmonary infection.

## REFERENCES:

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