

A Rare Case of Bone Tuberculosis in Infant

Seraselvantasundaram G, Saravanan S, Abdullah AM, Din H, Paul suman
Department of Orthopaedic, Hospital Seri Manjung, 32040, Perak Darul Ridzuan

INTRODUCTION:

TB in infant is extremely rare and can present in a wide spectrum and pose a great clinical challenge for detection and treatment of the disease.

We report a case of previous healthy immunized child that presented to us with Tuberculous Osteomyelitis of tibia.

REPORTS:

A 10 months old child was brought with spontaneous onset of swelling over right leg. Clinically a mass measuring 2x2cm was identified over his shin. Solitary lytic lesion observed over metaphysis of tibia in plain Xray, whereas ultrasound revealed hypoechoic collection subperiosteally. The laboratory findings were as follows: White blood cells 17.6×10^3 , ESR 9mm/hr and CRP 0.55mg. Preoperative investigations arises suspicion of Acute osteomyelitis, with differential diagnosis of Eosinophilic Granuloma and Langerhans's cell histiocytosis. The child underwent Incision and drainage with bone curettage over tibia. Tissue biopsy revealed Acid Fast Bacilli with Ziehl-Neelsen staining, while culture showed growth of Mycobacteria species after 6 weeks.

Child completed a course of cloxacillin subsequently started on Anti Tuberculosis Drugs once the TB culture shows growth of the organism.

On our follow up for 6 months, the wound healed well without any complication. Serial x-ray follows up shows signs of resolving lytic lesion, whereas blood parameters are non-suggestive of recurrent infection

Figure 1: Xray during initial presentation



Figure 2: xray after 4 months of treatment



CONCLUSION:

Bone tuberculosis in children should be treated with early drainage and bone curettage followed by Anti TB drugs. Late identification of bone tuberculosis may lead to detrimental outcome for the child. The challenge faced in treating this child was encountered when Infectious Disease Physicians are reluctant to start Anti Tb drug until the culture showed positive growth of the mycobacterium as they are worried of potential debilitating side effects.

REFERENCES:

1. Agarwal Et.al. J Clin Orthop Trauma. 2020;11(2):202-207
2. Gumustas ET. AL. Turk Pediatri Ars. 2017;52(1)53-56