CASE REPORT – A RARE CASE OF TUBERCULOSIS COCCYX DIAGNOSED IN GENERAL ORTHOPAEDIC CENTRE

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INTRODUCTION

Vertebral involvement constitutes approximately 50% of all skeletal tuberculosis. Infection of the lumbosacral junction by tuberculosis is rare and accounts for only 1 to 2% of all cases of spinal tuberculosis; moreover, isolated sacrococcygeal or coccygeal tuberculosis is much rarer[1]. Throughout review of literature, there was only two cases of tuberculosis involving the coccyx region[1,2]. Here we are presenting a rare case of isolated coccyx tuberculosis based on clinical finding, diagnosed in a general orthopaedic centre without spine subspeciality.

REPORT

Patient is a 36-year-old Malay gentleman presented to us with persistent back pain for 2 months, worsening in nature. There is no history of fall or trauma prior to this. There is also no neurological deficits of lower limb, no radiculopathy pain. Patient's bowel open and pass urine are normal too. However, patient does have classical symptoms of tuberculosis infection such as evening fever, night sweats, loss of body weight around 15kg in 2 months' time. Upon further history, patient works at the jail with recent contact with tuberculosis patient. Upon examination, three is tenderness around the sacral region with most severe tenderness at the coccyx region. Further blood investigations showed that patient QuantiFERON-TB ELISA Assay is positive. Other blood investigations were unremarkable. Chest X-ray was clear, serial sputum AFB were negative too. Radiological finding showed lytic lesion of the coccyx region. MRI of the whole spine revealed that there was mild edema over sacral coccyx region with end plate erosions, however there is no obvious collection. No other skip lesions are seen.

After long discussion with patient regarding the need of referring him to spine centre for biopsy at the coccyx region to establish the diagnosis, patient still opted not to be referred to spine centre for biopsy. Hence, we have started on tuberculosis treatment for the patients with close monitoring. Patient was started with Akurit-4, 2 months of intensive phase and followed by 9 months of maintenance phase. Patient's pain has markedly reduced after 4 months of medication and patient is now able to return to work.

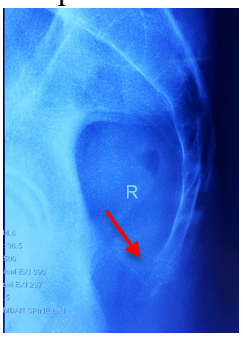

Figure 1 : Lytic lesion at coccyx.

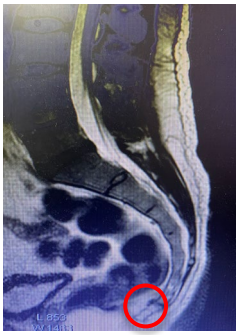
Figure 2 : mild edema

CONCLUSIONS

Tuberculosis infection remains a common disease in developing country. With the emerge of megastructures leading to over-crowded living environment, the incidence of tuberculosis has been gradually on the rise. It poses a great challenge to the doctors as more atypical tuberculosis infection has been noted.

A careful history taking can reveals history of close contact hence ease deriving the diagnosis. Even at centre with the lack of subspeciality to obtain biopsy from areas like spine, with the proper history taking and clinical finding, treatment can be commenced with close monitoring of the disease progression.

REFERENCES

1. Walid et al. A Rare Case of Tuberculosis with Sacrococcygeal Involvement Miming a Neoplasm. Case Rep Orthop. 2016; 2016:7286806.
2. A. Kumar et al. Isolated tuberculosis of the coccyx. The Journal of Bone and Joint Surgery. British Volume, Vol 88-B, No. 10.