Pseudotumour: a case of Extra-pulmonary osseous Tuberculosis Syazwan CS; Ikhwan Y; Farihah F; Karthigesu M Hospital Sultan Ismail Petra

INTRODUCTION:

Extrapulmonary Tuberculosis requires a high index of clinical suspicion and is confirmed microbiological histopathology examination confirmation. It always part of differential diagnosis in a case of tumor or tumour-like presentation. Prompt treatment with long-term combination anti-tuberculosis and surgical if indicated improves intervention morbidity.

REPORT:

A 2 years and 4 months old girls, presenting with right forearm swellings for the past 7 months. Upon history, her parents claimed that the swelling was increasing in size and disturbed their children and denied any other constitutional symptoms. Following radiological assessment with MRI; diagnosis of osteomyelitis of distal right radius with abscess collection extending subcutaneous tissue was confirmed. She underwent wound debridement and bone distal curettage end radius Histopathological examination reported as necrotizing granulomatous inflammation. She was treated for tuberculosis of distal end right radius. She was started with antituberculosis.

Figure 1: pre – operative X ray



Figure 2: Intraoperative picture



DISCUSSION:

Any tumor like lesion may present with multiple presentations at various age group. The presenting complaints in this patient are largely non-specific, that can lead into incorrect initial diagnosis and delay in relevant treatment. The need of diagnostic radiology investigations with histopathological examinations plays an important role in diagnosis. In this case, surgical intervention had given us clue of possible TB infection as demonstrated in figure 2. Additional to it, finding of granulomatous inflammation in a biopsy specimen from a suspected malignant lesion might be the strong evidence that the lesion is tuberculous in origin^[1].

CONCLUSION:

Extra pulmonary osseous tuberculosis can mimic any disease. Prompt investigations and treatments lead to good prognosis in long term.

REFERENCES:

1. Maduakonam DE, Lee LY, Kenneth HWY, Raymond YCH, Shek Tony W. Tuberculous osteomyelitis of the proximal femur masquerading as bone secondary: A case report. *Journal of Orthopaedics, Trauma and Rehabilitation*. 2020;27(1):72-76. doi:10.1177/2210491720907492