

Tuberculosis Of Knee In Covid-19 Patient Impersonating Septic Arthritis

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INTRODUCTION:

Tuberculosis is disease caused by mycobacterium tuberculosis and covid-19 is due to SARS-CoV-2 virus. Both these infection primarily occurs with pulmonary manifestation. However diagnosing a rare monoarticular extrapulmonary tuberculosis (EPTB) during the pandemic era with previously covid-19 infected patient that presents with classical septic arthritis presentation has its pitfall and setback. These has caused delay to establish diagnosis and initiation of anti-tb treatment

REPORT:

A 20 year old with history of covid-19 presented with right knee swelling for a month due to palm thorn prick. Ultrasound reveals complex right knee effusion. Patient underwent arthrotomy washout of right knee on 23/12/2021. Intraoperatively noted hypervascularized capsule with turbid synovial fluid mixed with slough, synovium is hypertrophy and inflamed with collection tracking up to suprapatellar region. Intraoperative culture Synovial tissue, fluid C&S, fluid for AFB and gram stain has no growth. Patient responded well with IV cloxacilin and CRP reducing trend from 83.93 to 4.99. However patient developed pain, swelling and restricted range motion postoperative 1 month. HPE traced reveals acute on chronic inflammation with granulation tissue. Mri knee consistent with knee tuberculos arthritis. Patient started with T.Akurit-4 III/III once daily. Patient condition improved on day-2 of treatment. Currently patient on maintenance phase of treatment, ambulating well without support and limitation

Figure 1 Knee Ap/Lat



CONCLUSION:

Diagnosing Monoarticular extrapulmonary TB with previously Covid-19 infected patient may often missed with limitation of data, case collection and facilities. Hence with more data the diagnosis and initiation of proper treatment could be prompted earlier.

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3. Tuberculosis of the knee: A pitfalls in clinical settings (A case report and literature review) Author links open overlay panelNoni Novisari Soeroso ^a, Fannie Rizki Ananda ^a, Heru Rahmadhany ^b, Dedy Dwi Putra ^c