# Unmasking the Uncommon: Scapular Tuberculosis

<sup>1</sup>Sesyindraa C; <sup>1</sup>Darshan K <sup>1</sup>Thirumurugan K <sup>1</sup>Basir T <sup>1</sup>Orthopaedic Department, Hospital Sungai Buloh, Jalan Hospital, Sungai Buloh, Malaysia.

#### **INTRODUCTION:**

Tuberculosis (TB) is rarely seen in the scapula, especially in the context of bone and joint infections. But with rising endemic burden this rare presentation may be on the rise.

#### **REPORT:**

We report a 35-year-old gentleman with retroviral disease and history of pulmonary tuberculosis several years ago. Patient presented with complain of small sinus with discharge from left axilla. X-ray shows localized lytic lesion at inferior angle of the scapula and patient was treated initial treated as pyogenic osteomyelitis in view blood investigation suggestive bacterial infection. 6 months later patient presented to us with large midline swelling over the back. The swelling extending from inferior angle scapula to paraspinal region (Figure 1). Overlying skin was normal. There were no active signs of inflammation. CT Thorax and CT Sinogram showed intramuscular collection involving the left erector spinae extending from T4 to S1. There is erosion of left scapula with vertebral body involvement. Investigations yielded Mycobacterium Tuberculosis sp. Pigtail catheter insertion done and swelling resolved post drainage. Patient was treated as per extrapulmonary tuberculosis protocol.

## **CONCLUSION:**

Musculoskeletal tuberculosis, accounting for 10-35% of extrapulmonary TB cases<sup>1</sup>, can cause symptoms such as swelling, pain, abscess formation, and joint stiffness in the scapula. Late diagnosis, often in the form of sinus formation and draining cold abscess, is not uncommon due to the condition's rarity, lack of awareness, and resemblance to other disorders. In endemic countries with limited resources, clinical suspicion and imaging are vital for diagnosis. Appropriate knowledge will allow early detection and treatment to prevent devastating sequelae of this condition.



Figure 1: White arrow showing healed sinus. Blue circle shows area of large left paraspinal swelling



Figure 2: X - ray of scapula showing demarcated lytic over left inferior angle of scapula.

### **REFERENCES:**

- 1. Definitions and reporting framework for tuberculosis—2013 revision World Health Organization.
- 2. Jagtap, (2013). Isolated tuberculosis of scapula in a young adult. International Journal of Mycobacteriology, 2(2), 114–117