

TUBERCULOUS SEPTIC KNEE ARTHRITIS MIMICS AS CHRONIC LIGAMENTOUS INJURY: A CASE REPORT

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INTRODUCTION:

An ancient killer disease, Tuberculosis (TB) remains a major challenge worldwide. While pulmonary TB (PTB) was the commonest form of TB in Malaysia, extra pulmonary TB (EPTB) still posed a great threat. Presentation of EPTB varies depending on the site and organ affected hence making diagnosis a big challenge. We present a case of Tuberculous Arthritis of knee which mimics as chronic ligamentous injury in a previously fit gentleman.

CASE REPORT:

A 40 years old gentleman presented in January 2020, with complaints of gradual onset pain and swelling of right knee for 4 months. He had history of fall at bathroom 2 years ago which was treated for right knee ACL and PLC tear based on clinical examination and MRI. He defaulted follow up and seek treatment after a year in view of persistent pain over right knee and difficulty to ambulate after history of fall at bathroom.

On examination, there was limitation of range of motion of right knee, warm and tenderness over the skin with knee in semi-flexed position. No palpable lymph node. Bedside right knee aspiration yields dry tap. Arthroscopy washout right knee done in view of synovium appears florid and sloughy from arthroscopy. Cartilage loss over trochlear to both femoral condyle exposing cancellous bone noted. Synovium with arthrofibrosis with slough also noted but no pus. Proximal right calf appears swollen, fluctuant and erythematous, incision and drainage done showing slough over fat tissue with knee joint communication. Diagnosis of TB was made based on the synovium acid fast bacilli direct smear. Antituberculosis treatment was then initiated.



Figure 1: Plain radiograph Right knee showed reduced joint space with generalize osteopenia



Figure 2: intraoperative findings showing loss of cartilage over trochlear with exposed cancellous bone

CONCLUSION:

Tuberculous arthritis is usually monoarticular, sparing no joints. The large joints such as the hip and knee are most commonly involved. Intercurrent active PTB is only seen in about one half of the patients with EPTB (1). This case highlights the unusual presentation of TB knee. Such patient presented with initial history which was consistent with knee ligamentous injury. Patient came with late presentation requiring surgical intervention to aid for diagnosis. Many a time Ziehl-Nielsen test is negative and it becomes necessary to wait for the Löwenstein culture results (2). Unlike in our case, the ZN stain for synovium was positive for AFB hence support the fact that his current monoarthritis was most likely to be tuberculous in origin.

With increase of incidence of TB over years, it is prudent to have a high index of suspicion for such cases. Early diagnosis and treatment will benefit patient as improvement in symptoms and overall health are seen upon commencement of anti-tuberculosis medications (3).

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