

## Escaping The Great Mimicker

<sup>1</sup>Hamzah MH, <sup>1</sup>Ayeop MAS, <sup>1</sup>Che Ahmad A

<sup>1</sup>Orthopedic Department, International Islamic University Malaysia, Jalan Sultan Ahmad Shah, Bandar Indera Mahkota, 25200 Kuantan, Pahang

### INTRODUCTION:

Isolated tuberculosis of talus is very rare with explain its often unrecognised pathology culminating in the delay in diagnosis and treatment. We report a 40 years old female nurse with isolated tuberculosis of the right talus bone who initially treated for osteochondral defect of the talus that undergone arthroscopic debridement and microfracture but no improvement of symptoms after 9 months post operatively.

### MATERIALS & METHODS:

During follow up review, we noted the ESR of the patient is 78mm/hr, CRP of 30 but mantoux was negative. As symptoms wise patient has persistent ankle pain. Thus, patient was scheduled for second arthroscopic debridement and biopsy.

### RESULTS:

Intraoperatively noted there is thickening of synovium with arthritis of the talus articular surface Outerbridge grade IV. Beside synovial tissue sent for histopathological examination, synovial fluid was sent for Acid Fast bacilli, culture and sensitivity, gram stain and for examination under microscope. The result of the synovial fluid reported as negative for acid fast bacilli, no microorganism isolated and the pus cell reported more than 25 per high power field. The synovial tissue biopsy reported as Necrotizing Granulomatous inflammation. Hence, she was started with 1<sup>st</sup> line anti-Tuberculosis drugs but unfortunately she developed allergic reaction to Rifampicin and Pyrazinamide that necessitated her to take the second line of anti-Tuberculosis drugs for 1-year duration.

Along the cohort of the treatment with anti-Tuberculosis drugs she shows a lot of improvement in term of symptoms. Due to the

complication of the disease patient now developed osteoarthritis of the right ankle and subtalar joint. Nevertheless, she still able to do her daily chores and work with light duty as a staff nurse in the hospital.



Figure 1: Initial ankle X-ray on first visit for her condition on 2013



Figure 2: Ankle X-ray on latest follow up 2017 shows arthritic changes of right ankle and subtalar joint

### DISCUSSIONS:

The ankle and foot are rarely affected and account for only 1% of all TB infections<sup>1</sup>. Symptomatology usually insidious onset of pain in the ankle with functional disability and in early radiograph may show no changes. Vague characteristics of this condition explain the difficulty and delay in diagnosis<sup>2</sup>. So confirmation is by identifying the bacillus from the local lesion or by a histopathological study.

### CONCLUSION:

Tuberculosis musculoskeletal infection is a great mimicker and poses a diagnostic challenge especially in a case that is atypical and require

ABSTRACT TRUNCATED