Tuberculosis Of Long Bone: Mascherata Of Bone Disease – Case Report

¹**Azmi MF**, ¹Farid MA, ¹Nurhafizah MN, ¹Zaraihah MR, ¹Norhidayah A, ¹Atikah ASA ¹Department of Orthopaedic, Hospital Sultanah Nur Zahirah, 20400 Kuala Terengganu

INTRODUCTION:

Tuberculosis can mimic and demonstrates a variety of clinical and radiological findings and therefore can mimic other diseases. Therefore one can possibly misdiagnosed Tuberculousis(TB) osteomyelitis with other disease such as histiocytosis, osteod osteoma, eosinophilic granuloma and many more. Tuberculosis infection of long bone can affect in any age group of population which majority of the cases occurred in the metaphysis of long bone.

CASE REPORT:

We are reporting a case of 2 years old child presented with history of refuse to walk 3 days prior to admission, preceded with limping gait 1 week before. Left knee plain radiograph showed lytic lesion with surrounding sclerosis at diaphysis and lateral epicondyle of left femur (1a,1b,). She was given antibiotic for acute osteomyelitis meta-diaphysis of distal left femur. However radiological findings after completing antibiotic for 6 weeks was appalling with worsening area of lytic lesion and presence of sequestrum (2a), hence sequestrectomy was done. Intraoperative findings showed presence of subperiosteal fleshy tissue(3a,3b), thus tuberculosis infection of bone was enumerated as a differential. Biopsy taken intraoperatively and sent for TB genome. Result showed a positive of Mycobacterium Tuberculosis.

She was started with anti-TB medication and radiologically improved (4a).





DISCUSSIONS:

Main organism responsible is Mycobacterium Tuberculosis. This acid fast bacilli organism have spectrum of bone lesion which are;(a)cystic,(b)infiltrative(c)focal erosion and (d)spina ventosa. Thus making diagnosis is challenging. As for example TB osteomyelitis can be mistaken with chondroblastoma which manifested as cystic lesion on the bone similarly TB osteomyelitis.

CONCLUSION:

As tuberculosis remains a major public-health problem nowadays and it can mimic vast of differential diagnosis due to immense spectrum of bone lesions, it must be considered as one of diagnostic possibility. Therefore in formulating the diagnosis of TB osteomyelitis specific investigations modality is obligatory.

REFERENCES:

- SA orthopaedic journal 2009, clinical practice, tuberculosis—bone lesion in children, by MN Rasool FCS(ortho), university of kwa zulunatal
- 2. Tuberculous osteomyelitis, the journal of bone and joint surgery by rajeev vohra, harinder s. Kang, sameer dogra, radha r. Saggar, rajan sharma.