

AN ATYPICAL PRESENTATION OF TUBERCULOSIS OF THE METATARSAL

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INTRODUCTION:

Tuberculosis of the foot is a rare condition. We are reporting a case of tuberculosis of the metatarsal initially treated as cellulitis and later acute osteomyelitis.

CASE REPORT:

A 31-year-old lady presented with a left foot swelling and pain for one month. There was no preceding trauma and she had no constitutional symptoms. She initially sought treatment at several general practitioners and was prescribed with oral antibiotics. However, her symptoms did not subside and got worse. Clinical examination revealed a diffusely swollen left foot extending up to above ankle; it was also erythematous, warm and tender at the medial aspect of the midfoot with no fluctuant areas. Initial blood investigations and radiographs were normal.

She was admitted with a provisional diagnosis of a left foot cellulitis and was given intravenous antibiotics. After five days the symptoms did not resolve, and the area became fluctuant hence the diagnosis was revised to left foot abscess. The patient underwent incision and drainage of the abscess and 10cc pus was drained. She was discharged with oral antibiotics and daily dressing.

However, the wound did not improve, and she was readmitted after six weeks. Re-debridement, antibiotics and appropriate dressings were started. The infection appears responding and quiescent during the course

of antibiotics. However, after completion of antibiotics the infection recurs. This occurred several times.

After the third recurrence an open biopsy was performed, and samples were again sent for tissue cultures; additional samples were sent histopathology examination (HPE) and Ziehl Nielsen staining.

The HPE report came out as necrotising granulomatous inflammation consistent with mycobacterium infection.

Patient was started on antituberculosis medication and discharged home. After four months, she has not complained of any recurrence.

DISCUSSIONS:

Foot involvement in skeletal tuberculosis is rare¹. The uncommon site and clinical presentation led to delays in diagnosis and management. Constitutional symptoms such as loss of weight, loss of appetite and fever are rarely seen.

This report is to highlight the possibility of tuberculosis infection in recurring acute osteomyelitis especially if the infection fail resolve or worsen despite adequate standard treatment.

REFERENCES:

1. Dhillon MS, Aggarwal S, Prabhakar S, Bachhal V. Tuberculosis of the foot: An osteolytic variety. *Indian Journal of Orthopaedics*.2012;46(2), 206-11.