

Case Study

TUBERCULOUS TENOSYNOVITIS PRESENTING AS GANGLION OF WRIST

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ABSTRACT

Tuberculosis (TB) is still endemic in many developed countries. Involvement of the hand and wrist at presentation is extremely rare, and the diagnosis is often missed. 57 years old male presented with swelling over the left wrist since 3 years. Three swellings over dorsal aspect of the left wrist, soft in consistency, non tender, non compressible mobile at right angles to the plane of the wrist joint. ESR: 45 mm in 1 hr and rest blood investigation were normal. Ultrasonography showed Giant-cell tumor of Extensor Digitorum sheath. Xray: soft tissue swelling MRI suggestive of Extensor Tendon sheath Extraskeletal Synovial Koch's or Giant cell tumor of tendon sheath. Then planed for excision of swelling and intra-operative finding were rice bodies. Histopathological examination showed caseous necrosis with granuloma formation. Patient put on DOT1 therapy. Tuberculous tenosynovitis was first described by Acrel in 1777. Rice bodies occurring in joints affected by tuberculosis were first described in 1895 by Reise Rice bodies will be diagnosed on plain radiographs when mineralization occurs. More than 50% of cases recur within 1 year of treatment. The currently recommended 6-month course is often adequate with Extensive curettage, lavage and synovectomy should be performed. Surgery is essential, but the extent of surgical debridement is still debatable. The surgeon has to be aware of the significance of loose bodies when performing routine excision of innocuous looking wrist ganglia.

INTRODUCTION

Tuberculosis (TB) is still endemic in many developed countries. Involvement of the hand and wrist at presentation is extremely rare, and the diagnosis is often missed. Extrapulmonary tuberculosis involvement of the musculoskeletal system is uncommon, accounting for only 10% of tuberculosis (TB) cases.

CASE REPORT

57 years old male presented with swelling over the left wrist since 3 years. No history of Trauma\Fever.

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Past History: No previous history of Tuberculosis/ diabetes or hypertension.

Family History: regarding Tuberculosis, or history of contact may be mentioned.



Personal History: especially occupation may be mentioned.

General Examination: Pulse - 78 beat/min BP- 128/70mmhg.

Nopallor / cyanosis / clubbing / edema / lymphadenopathy.

Local Examination: Three swellings over dorsal aspect of the left wrist. Soft in consistency, non tender non, compressible mobile at right angles to the plane of the wrist joint.

Systemic Examination:

Respiratory System: AEBE. Cardiovascular System: S1 S2 Present.

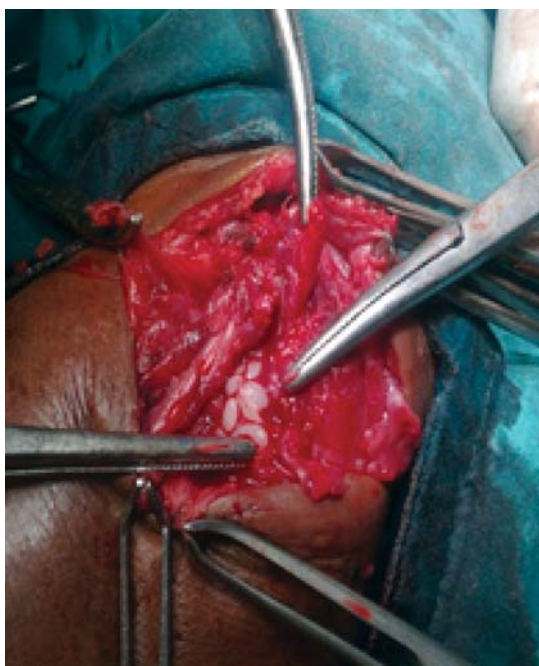
Abdominal Examination: NAD. Central Nervous System: NAD.

INVESTIGATIONS

Hb: 12gm% TLC : 8600/cmm P:65% . L: 20%. M: 03% E: 01%

ESR: 45 mm in 1 hr. Bsl (R): 95mg% BT: 01 min 5sec. CT: 04 min 10 sec.

BUN: 25mg%. S.creat: 0.8mg% USG: Giant-cell tumor of Extensor Digitorum sheath.



Xray: soft tissue swelling MRI: Extensor Tendon sheath Extra-skeletal Synovial Koch's or Giant cell tumor of tendon sheath.

X-Ray chest findings may be added if available

Intra-operative finding of Rice Bodies

Histopathological examination showed caseous necrosis with granuloma formation. Patient was started on DOTS Category I and stitches were removed on post operative day 8.

DISCUSSION

Tuberculous tenosynovitis was first described by Acrel in 1777.¹ Rice bodies occurring in joints affected by tuberculosis were first described in 1895 by Reise.² Rice bodies are a common finding in many rheumatic diseases such as rheumatoid arthritis, systemic lupus erythematosus, sero-negative arthritis, nonspecific arthritis, tuberculosis, atypical mycobacterial infections, osteoarthritic joints.³ The sheath of the tendons of the wrist and hand has been reported as a site for rice body formation. Rice bodies will be diagnosed on plain radiographs when mineralization occurs.⁴ MRI-Thickening of the synovial membrane with increased vascularization, fluid within the tendon sheath, reactive inflammation around the tendon, or swelling of the tendon.⁵ Tendon is replaced by vascular granulation tissue. Sheath is obliterated

by fibrous tissue, fluid is confined within the sheath and rice bodies form due to caseation and Tendon may consist of only a few strands of tissue and may rupture spontaneously.¹ More than 50% of cases recur within 1 year of treatment.⁶ The currently recommended 6-month course is often adequate with Extensive curettage, lavage and synovectomy should be performed. Surgery is essential, but the extent of surgical debridement is still debatable.⁷

CONCLUSION

Tuberculous tenosynovitis of wrist is rare and treatment comprises of excision of lesion and anti-tuberculous chemotherapy is the treatment of choice. Treatment for an extended period may help to minimize recurrence of disease. (NB. Concern physician is requested to consider this point for the benefit of the patient and also requested to follow up this patient during treatment and after treatment and prepare a continued paper for presentation)

The surgeon has to be aware of the significance of loose bodies when performing routine excision of innocuous looking wrist ganglia.

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