Title: AN UNUSUAL TUBERCULOSIS FEATURE: A YOUNG WOMAN WITH FINGER OSTEOMYELITIS

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Abstract: An 18-year old woman with a history of pain, swelling and erythem in the proximal phalange of the fifth finger from 4 years ago. She received the multiple medications but from 3 years ago, she suffered a sinus tract with supportive discharge. Finally, she referred to surgeon and underwent surgery with resection of phalange. Two months after surgery, she had supportive discharge on the distal phalange of finger. When she was admitted in infectious disease hospital of Zahedan Medical University, she had normal appearance and didn't have any symptoms e.g fever, malaise, fatigue. Her finger had draining sinuses, local tenderness and fluctuation. Blood test revealed WBC = 7.800 cells/mm3 with 64% neutrophils, 35% lymphocytes, and 1% monocytes; erythrocyte sedimentation rate (ESR) of 18 mm/h, and C-reactive protein (CRP) of 11.8 mg/dl. Liver function test, urinalysis, biochemical tests and chest X ray were normal. Gastric lavage was negative for acid-fast bacilli. Plain-X-ray and MRI was performed and demonstrated an extent soft tissue inflammation on the fifth distal phalange and bone destruction. Biopsy was done and aspirated pus was sent to the laboratory for staining, culture, and histopathological examination. Histopathologic report of the excised specimen revealed caseous necrosis and granuloma formation compatible with tuberculosis Zell-Nelson staining and culture of the aspirated pus was positive for acid fast bacilli. The patient completed treatment with Anti-TB drug. Two months later the she was asymptomatic. Tuberculosis should be suspected in cases of long-standing pain and swelling in the metacarpals and phalanges in an endemic area. It is necessary to keep TB in mind when making the differential diagnosis of several osseous pathologies.

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