



AN INTERESTING CASE OF TB SHOULDER RAMARAJ

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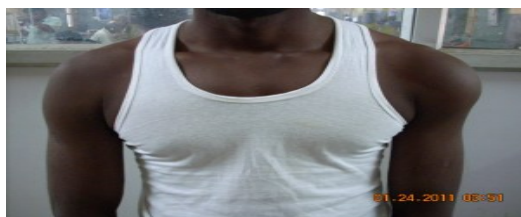
Abstract : Tuberculous sub-deltoid bursitis is a rare phenomenon after the anti tuberculous programs. we describe one case report with its clinical features and management.

Keyword :Tuberculosis, subdeltoid bursa, rice bodies, excision biopsy

INTRODUCTION:

Musculoskeletal Tuberculosis comprises only 1 to 3% of TB patients. Primary TB bursitis without bone and joint involvement is rare **CASE REPORT:**

A 32 yr old male came with the complaints of left shoulder swelling for 2 mths. The swelling was insidious in onset, painless, without constitutional symptoms. ON EXAMINATION: The swelling was present in the anterior, lateral and posterior aspect of the left shoulder but the axilla was free.



It was cystic in nature, not warm or tender. Fluctuation was positive, transillumination was negative. Joint movements were normal.

INVESTIGATIONS:

Complete Blood Count-normal

Rheumatoid factor -ve

ESR 45/90

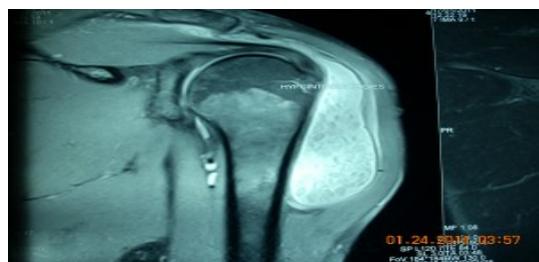
Crp 12mg/l

Mantoux +ve 11mm

FNAC- shows inflammatory pathology which was not contributory to diagnosis radiography: x-ray left shoulder-normal

MRI FINDINGS

Fluid in the subacromio, clavicular, subdeltoid bursal region and sub acromio biceps region, subscapular, infraspinatus bursal region-containing multiple low signal bodies, possibly-hemosiderin/loose bodies



EXCISION BIOPSY: skin incision by MODIFIED CUBBINS APPROACH. Acromion process osteotomy was done for a better exposure. swelling was excised as an enmass in the subdeltoid plane. k-wire fixation with tension band wiring of acromion process was done. Post op abduction -flexion splint was applied.

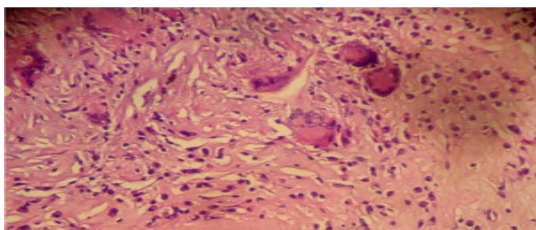


Macroscopic: unilocular cyst with smooth, thickened wall containing yellowish mucinous material with yellowish pellet like structures



**MACROSCOPIC CYST APPEARANCE
HISTOPATHOLOGICAL EXAMINATION:**

Shows lesion lined by synovial cells with numerous granuloma composed of lymphocytes, epithelioid cells and langhan type of giant cells. Impression was granulomatous lesion favouring tuberculosis.



Post operatively he was started on Anti tuberculous category I regimen.

Post op follow up: His range of movements was normal in the left shoulder.



DISCUSSION:

Etiology of TB bursitis

1. direct inoculation from trauma
2. hematogenous spread

Rice bodies are 2-10mm in length substances within the bursa. Microscopically they consist of inner eosinophilic material surrounded by collagen and fibrin. Conditions with rice bodies are rheumatoid arthritis, TB bursitis, synovial chondromatosis. The pathology is due to the Microinfarction of synovium producing sloughs and encasement by fibrin

REFERENCES: 1. since the introduction of ATT only 2 studies of TB sub deltoid bursitis without bone and joint involvement has been reported by ALKALAY in 1980 and jaovisidha et al-1996 2. cone -reported a proven case in 1911 3. deacon-1935 reported a case of bilateral TB subdeltoid bursa. 4. kenin-1946 reported a case of TB subdeltoid bursa 5. kim.rs.et al-2002- A case report of 41yr old woman with right shoulder sub deltoid bursitis in yonsei medical journal-vol-43,no.4 6. konigshausen.m.et al-orthopade.2009.nov;38(11):1106-12