

Coxitis with Synovial Hypertrophy

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SECTION 2 – ANSWER

A 27-year-old patient, with no pathological antecedent, has presented with oligoarthritis in the left side (hip, knee, and ankle) evolving for 3 months with functional impotence, fever, and lost weight of 10 kg in 3 months. On physical examination, we found the limitation of the left heel with swelling and left ankle pain. Figure 1 shows the X-ray of the pelvis and the thorax and the ultrasound image of the hip. The blood analysis showed a sedimentation rate to 69 mm/h, a C-reactive protein to 53 mg/L without leukocytosis in peripheral blood counts.

INTERPRETATION

In interpreting pelvic radiograph, left coxitis is evident. Furthermore, the pelvic radiograph shows sacroiliitis which is evoking ankylosing spondylarthritis. However, the context of the patient, the image in thoracic radiograph and the very important synovial hypertrophy were all arguments for searching tuberculosis. The GeneXpert test of sputum was positive; it detected mycobacterial tuberculosis. The synovial biopsy had shown nonspecific inflammation. Regarding the context, we treated the patient as tuberculosis of the hip associated with pulmonary tuberculosis.

DISCUSSION

Tuberculosis of the hip represents approximately 15% of all cases of osteoarticular tuberculosis. Clinically, it is presenting as painful, restricted movements of the hip, and it raises the problem of accurate diagnosis as several pathologies may mimic this presentation.^[1] The diagnosis is based particularly on imaging techniques such as ultrasonography and magnetic resonance imaging.^[2] Histology is the best tool to diagnose this infectious pathology. But if multiple arguments are united in the same patient the diagnosis may be suspected. In our patient, the synovial hypertrophy was very important in differentiation of rheumatismal synovitis. Hence, in this case, the lesson is that even if a diagnosis is obvious, we must

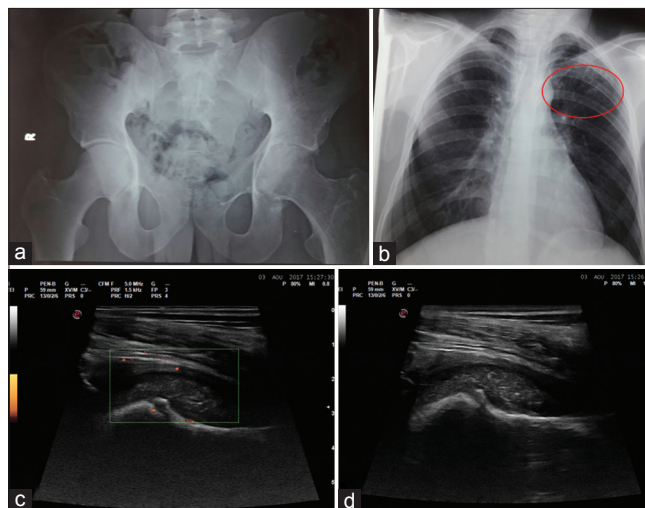


Figure 1: (a) Radiograph of pelvis showing left coxitis and condensation of sacroiliac joint (b) thoracic X-ray showing infiltration of summit (c and d) ultrasound imaging of the left hip with and without Doppler showing synovial hypertrophy

consider the clinical context of the patient. Despite the presence of sacroiliitis, the context of our patient helped us to diagnose tuberculosis of the hip. After 1 month of anti-bacillary treatment, hip pain has regressed, and the patient resumed physical activity. An ultrasonographic monitoring is provided.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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