LOCALIZED TUBERCULAR SWELLING IN THE HAND MASQUERADING AS A GANGLION-A RARE CASE REPORT

Sreekar Harinatha¹, Nithya Raghunath², Kiran Petkar¹, Sreeharsha Harinatha³

¹Department of Plastic and Reconstructive surgery, Christian Medical College, Vellore, India
²Department of Dermatology, MVJ Medical College and Research Hospital, Bangalore, India
³Department of Urology, SMS Medical College, Jaipur, India

Case Report

A 34 year old gentleman presented with complaints of swelling over his right hand (Fig. 1). Though it did not hinder his daily activities, he complained of occasional pain in the swelling. On examination there was a 2x3cms smooth surfaced firm swelling over the dorsum of right hand. There was neither restriction in the wrist movements nor any neurovascular deficits. He had undergone hand and chest radiography which were normal. A clinical diagnosis of ganglion was made. The lesion was excised in toto and sent for histopathologic examination (Fig. 2). The diagnosis of tuberculosis was made on the basis of characteristic histopathology (Fig. 3), a positive culture for *Mycobacterium tuberculosis* and a positive smear for acid-fast bacilli. The hand was splinted and anti-tubercular treatment was started. At 6 months follow-up the patient was doing well.

Abstract

Musculoskeletal system involvement in tuberculosis is rare. Especially rare is the involvement of hand. The affected hand can present in different modes ranging from dactylitis to multiple tubercular lesions. Here we present a localized lesion which was initially diagnosed as a ganglion.

Key words: hand tuberculosis; ganglion; dactylitis

Cite this article:

Discussion

Tuberculosis of hand is a rare clinical manifestation. Pain and swelling are the most common presenting features, and discharging sinuses can occasionally be seen [6]. The manifestation is usually resembles tenosynovitis, sometimes even involving the carpal tunnel. Occasionally there can be tubercular synovitis of the wrist or flexor tenosynovitis. Nerve conduction in such cases show delayed conduction at the carpal tunnel. Tuberculosis of the fingers is also known as spina ventosa, but it is suggested that all tubercular lesions of the hand should be referred to as ‘tuberculosis of the hand’ [7]. Tuberculosis of the fingers is seen typically in the phalanges and interphalangeal joints and is said to be uncommon after five years of age. During childhood these short tubular bones have a lavish blood supply via a nutrient vessel entering the middle of the phalanx in which the first inoculum becomes lodged [8]. Bony tuberculosis of the phalanges and metacarpals can mimic bone tumours and a histopathological examination is necessary for diagnosis. This is especially true for asymptomatic lesions which mimic ganglion. With the successful management of pulmonary tuberculosis and worldwide resurgence of musculoskeletal tuberculosis there is an increase in cases affecting atypical sites, including the hand. Further studies with longer follow-up are required to develop early diagnostic tools and treatment protocols to expedite treatment and hand function.

REFERENCES