



PONCET DISEASE : A CASE REPORT

General Medicine

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ABSTRACT

Poncet's disease (PD) is a rare form of reactive arthritis that develops in patients with active tuberculosis. It is non-destructive para infective symmetrical polyarthritis. In unexplained cases of atypical arthritis associated with non-articular tuberculosis, PD should be considered. It requires high degree of clinical suspicion and remains a diagnosis of exclusion. 18-year-old female complaints of fever since 1 month associated with night sweats and Pain in bilateral ankles and knees, multiple small joints of hands and spine. The patient presents with mild, non-tender swelling of the left ankle joint. All other joint, respiratory, and systemic examination are normal. Lab findings show elevated inflammatory markers, a positive Mantoux and IGRA, and BAL CBNAAT positive for tuberculosis. Imaging reveals a tree-in-bud opacity in the right lower lobe on HRCT, with normal chest X-ray and normal X-rays of wrist, ankle, and knees. Autoimmune markers are negative. After initiation of Anti tubercular drug therapy patient was free of symptoms after 1 week.

KEYWORDS

Extrapulmonary TB, BAL-CBNAAT, Latent TB infection, Non tender ankle swelling

INTRODUCTION

Poncet's disease (PD) is a form of reactive arthritis that develops in patients with active tuberculosis (TB). It is a rare, nondestructive para infective symmetric polyarthritis. In cases of unexplained atypical arthritis associated with non-articular TB, PD should be considered. It remains a clinical challenge and is essentially a diagnosis of exclusion and requires a high degree of clinical suspicion.

18-year-old female complaints of fever for 1 month duration which is more in the evening and was associated with night sweats. Patient also complained of multiple joint pain without accompanying swelling or erythema. She reported a considerable decline in her functionality with a difficulty to carry out even daily routine activities. Pain involved her ankles and knees bilaterally and multiple small joints of her hands and spine.

Findings

Vitals-stable, Mild swelling of her left ankle joint, without erythema, tenderness or restriction of movement. All other joints, respiratory and other system examinations were normal.

Investigations: Hb=13.2 g/dl, WBC=11,300 cells/cumm, CRP=32.77 mg/L, RF= 18.13IU/L. ANA profile-negative, Anti Ccp-negative, mantoux test - positive, ESR=65mm/ hr, IGRA-Positive, BALCBNAAT- Positive.

HRCT thorax: Focus of tree in bud opacity noted in posterior basal segment of right lower lobe. IFT and RFT was normal. Dengue serology was negative. Ultrasound abdomen and chest x-ray were normal. Xray of wrist, ankle and knees were normal. Patient had been treated with Anti Tubercular drugs. After initiation of Anti tubercular drug therapy patient was free of symptoms after 1 week



Figure 1: Xray of Ankle joint of patient.



Figure 2 : Xray of lungs of patient.



Figure 3 : Ankle of patient showing swelling and erythema.

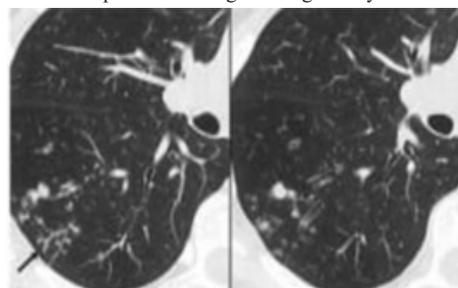


Figure 4 : HRCT Thorax showing tree in bud appearance.

DISCUSSION

PD tubercular rheumatism is a form of reactive polyarthritis related with active TB in which no mycobacterial involvement can be found in the affected bones or joints, and there is absence of other detectable causes of polyarthritis. PD is considered a Reactive Arthritis, but the clinical presentation of PD is different from the classical pattern of Reactive Arthritis. Unlike Reactive Arthritis, the onset of symptoms in PD prior to the start of arthritis is much longer than only a few weeks, whereas arthritis resolution upon starting of anti-tubercular therapy is generally within a few weeks

CONCLUSION

To conclude, active tuberculosis needs to be considered in the differential diagnosis of patients presenting with fever and polyarthritis of unclear cause, particularly in regions where the prevalence of tuberculosis is high. The Diagnosis of this clinical entity remains a clinical challenge and demands a high index of suspicion.

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