A Case of Poncet’s Disease Masquerading Rheumatoid Arthritis

Gopal Chandra Ghosh, Post Graduate Institute of Medical Education and Research & Dr. Ram Manohar Lohia Hospital, New Delhi, India

ABSTRACT

Poncet's disease is a rare clinical condition, occurs in the setting of active pulmonary and extrapulmonary tuberculosis. It typically manifestated by arthritis of large joints, without direct invasion of joints by tubercle bacilli. Rarely it involves small joints thus sometimes mimic rheumatoid arthritis. The author is reporting a case of a 17 year old female with evidence of active pulmonary tuberculosis presented with additive evidence of polyarthritis of large as well as small joints. On further investigation joint aspirate did not reveal any direct invasion by tubercle bacilli and patients symptoms responded completely to anti tuberculous therapy. The diagnosis of Poncet's disease was established.

Keywords: Acid fast bacillus, Fever, Poncet’s Disease, Rheumatoid Arthritis, Weight Loss

INTRODUCTION

This case is reported because of its rarity and in a tuberculosis endemic country like India, one should keep this possibility in mind in patients with polyarthritis as early recognition of this complication is of major importance to avoid delayed initiation of appropriate treatment.

CASE DESCRIPTION

A 17 year old female presented to us with complaints of low grade fever and joints pain for 6 weeks. Fever was intermittent in nature, associated with loss of weight of around 5-6 kg over the diseased period, loss of apetite and cough with scanty sputum production. Joints pain was present over the small joints of right hand, bilateral knee, ankle and feet joints. Joints pain was associated with swelling of joints. There was no history of photosensitivity, malar rash, oral ulceration, back pain, rash over the body, diarrhea or burning micturition. On examination, pallor was present & there was swelling and tenderness of 2nd & 3rd proximal & distal interphalangeal joints of right hand, right 1st carpometacarpal joint, both shoulder joints, both hips, knees & ankle joints & bilateral proximal interphalangeal joints of great toe. There was no lymphadenopathy or skin rash present. Investigations revealed an ESR of 32 mm Hg per 1st hour, haemoglobin of 8

DOI: 10.4018/ijudh.2013010107
Pediatric Telepsychiatry as Innovation in Healthcare Delivery
www.igi-global.com/chapter/pediatric-telepsychiatry-innovation-healthcare-delivery/35815?camid=4v1a