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AN EXTREMELY RARE CASE REPORT OF TUBERCULOUS COLD ABSCESS OF LEFT UPPER EXTREMITY PRESENTING AS IMMOBILE HUGE PROGRESSIVE SWELLING HARD ALL OVER AND SOFT NEAR WRIST RESEMBLING CARCINOMA

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ABSTRACT

Introduction: Tubercular cold abscess of the upper left extremity presenting as huge swelling, hard all over and soft at wrist is extremely rare and so far not discovered in literature hence reported here approximating first case. **Case Presentation:** A 32 years old male case was reported with the complaints of painless progressive huge swelling in left upper extremity below shoulder to wrist and not responding to general treatments since one year. This nonconforming case was very difficult to diagnose clinically therefore not diagnosed up to one year by various experts. This hard huge swelling was primarily thought to be due to deep vein thrombosis or carcinoma by almost all consulted Doctors. An axillary lymph node was palpable, moderately enlarged and soft in consistency. Fine needle aspiration cytology of axillary lymph node was advised considering clue for diagnosis. Report was showing tubercular lymphadenitis and negative for malignancy. In conclusion case was diagnosed as tubercular cold abscess of left upper extremity. Incision and drainage was performed under local anesthesia and approximate 1.5 liter pus drained from all sites. Surgical wound has healed at the end of fourth month and anti Koch's treatment continued up to nine months. **Conclusions:** Careful clinical examination can't be neglected even though diagnostic advance investigation facilities are available. Poor patients are not ready for costly as well as hostile diagnostic methods hence it is challenging to diagnose clinically with minimum, gracious and cost effective investigations.

Keywords: Tubercular cold abscess, upper extremity chronic huge swelling, huge abscess, IND.

INTRODUCTION

Tubercular cold abscess usually presents as soft swelling and occurs commonly in the neck, axilla and inguinal regions due to the presence of lymph nodes in these regions. Tubercular cold abscess of the upper left extremity is quite rare. In addition tubercular cold abscess of the upper left extremity presenting as huge swelling hard all over and soft at wrist is extremely rare and so far not exposed in the literature hence reported here approximating first case.

CASE REPORT

A 32 years old male case was reported with the complaints of painless progressive huge swelling in left upper extremity below shoulder to wrist (Picture1) and not responding to general treatments since one year. Local examination revealed huge, hard, immobile, non tender, smooth swelling extending below left shoulder to wrist measuring about 35x11cms. Radial pulse was slight low volume as compared to right side. Patient is known case of polio of both lower extremities since childhood. Patient had no pain, fever, cough, loss of appetite and weight loss. Personal and family history was nonspecific. Patients HIV test, blood sugar level, CBC and X-ray left elbow reports were normal (Picture 2). This nonconforming case was very difficult to diagnose clinically therefore not diagnosed up to one year by various experts. This hard huge swelling was primarily thought to be due to DVT or carcinoma by almost all consulted Doctors.

An axillary lymph node was palpable, moderately enlarged and soft in consistency. FNAC of axillary lymph node was advised considering clue for diagnosis. Report was showing tubercular lymphadenitis (Report 1) and negative for malignancy. X-ray chest was showing blunt left CP angle (Report 2). In conclusion case was diagnosed as tubercular cold abscess of left upper extremity.

IND was performed under local anesthesia. An incision was made deep into the lesion and approximate 1.5 liter caseating material drained from all sites (Video clip). After complete evacuation of the pus patient was advised daily dressing for initial 15 days, later on alternate day for two weeks and weekly for 03 months. Secretions were drained carefully from all sites. As time advances drainage through surgical wound was gradually reduced. Surgical wound has healed at the end of fourth month.

The patient was immediately started antitubercular drugs from primary health center with daily dose of Isoniazid 300mg, Rifmpicin 450mg, Ethambutol 800mg and Pyrazinamide 1500mg for an initial period of two months followed by daily dose of Isoniazid 300mg and Rifmpicin 450mg for the next seven months.

DISCUSSION

This nonconforming patient was very poor and not ready for costly as well as hostile diagnostic methods hence it was challenging to diagnose clinically with minimum, gracious and cost effective investigations. In this atypical case FNAC of moderately enlarged axillary lymph node was considered as confirmative of clinical diagnosis. Incision biopsy is generally avoided in tubercular cold abscess of cervical, axillary and inguinal lymph nodes due to the fear of occurrence of non-healing sinus or ulcer [(1)]. But in most cases of cold abscess fine needle aspiration cytology is inconclusive of tuberculosis [(3,4,5,6,7,9,12,15)]. Incision biopsy from the wall of the cold abscess is necessary in order to get accurate tissue diagnosis and to rule out any underlying malignancy [(2,3,5,6,8,10,11,12,13,14)]. Ultrasonography is extremely useful to distinguish between solid and fluid filled lesions but inconclusive of tubercular cold abscess.

Being a false cyst, tubercular cold abscess will also be hard in consistency if the caseating material inside the cold abscess is under tremendous tension. As the disease progresses, the extent of caseation increases and the tubercular pus also increases in amount. The cold abscess of this

patient was filled with abundant amount of tightly packed collection of dense caseating material.

Prompt diagnosis and treatment is extremely important to prevent serious bone and joint destruction in such cases [2, 8]. In this chronic case bone and joint destruction was not found in X-ray elbow. X-ray chest was showing Blunt left CP angle suggestive of secondary involvement of pulmonary.

Tubercular cold abscess of cervical, axillary and inguinal lymph nodes are generally managed by antigravity or non-dependent wide bore needle aspiration along with AKT [1]. But wide bore needle aspiration is not adequate for such huge cold abscess however complete evacuation is possible only through open surgical drainage hence in this case IND was preferred.

After IND swelling of hand is distinctly reduced and pressure changes released hence Left side low volume radial pulse become same like right side radial pulse. As time advances surgical wound has healed, axillary lymph node noticeably reduced and X-ray chest turn into normal. AKT was continued up to nine months and patient gets cured.

CONCLUSION

Careful clinical examination can't be neglected even though diagnostic advance investigation facilities are available. Poor patients are not ready for costly as well as hostile diagnostic methods hence it is challenging to diagnose clinically with minimum, gracious and cost effective investigations.

PATIENT'S PERSPECTIVE

I write about my illness to provide assistance to the case report from my own perspective and experience. I am from Madhya Pradesh and staying alone here in Vidya nagar. I am CD seller and I have small shop near railway crossing of Vidya nagar. My both lower limbs are paralysed due to polio since childhood. I am moving with the help of stick and upper limbs to shop. One day I noticed slight swelling in my left hand near elbow joint but without pain hence initially neglected. The swelling was gradually progressive therefore I told to my friend. He asked me to consult his family Physician. Doctor gave me medicines and asked to follow after seven days. During follow up he observed that swelling is not responding to treatment hence he referred to orthopaedic Doctor. After consultation he advised X-ray and blood investigations which were normal. He prescribed medicines for 10 days. During next follow up swelling was not responding hence he told my friend about possibility of DVT or cancer. I decided to consult another Doctor. I had no money for further medicines and investigations. I thought this disease will not cure because swelling is progressive after treatment. I had not consulted to any Doctor up to six months and my hand swelling become huge hence I started using full sleeves shirts. My friend noticed that my hand swelling is very progressive and asked me for treatment from experienced Doctor. I told him about money problem hence he convinced me to take opinion only and we went to the most senior orthopaedic Doctor. Again he suspected DVT or malignancy and advised investigations like colour Doppler and USG of left hand. I become depressed because my both lower extremities were already paralysed due to polio since childhood and I was moving with the help of my hands and stick. If my left upper extremity amputation will be done, I will become complete creeper. I decided to live without treatment whatever the residual life. A year passed away, one day my friend told me about Ayurvedic hospital and free treatments. I agreed and we went to S.G. Patel Ayurvedic hospital. During consultation Doctor examined me and told it will take one week for diagnosis. I rejected for investigation but Doctor convinced me for X-ray chest and FNAC from axillary lymph node without any charge. He convinced my friend in alone to collect some money from his friends for investigations. After report Doctor told me that

you have tuberculosis. I disagreed because I had no well-known symptoms of tuberculosis like cough, fever and weight loss. Doctor convinced me and told about procedure but I am very fearful about operation. Three days passed away, my friend was trying to prepare my mind. We went to Doctor and told him to give me medications only. Finally Doctor convinced me by telling future complications if not operated. My mind very terrified about future complications of disease and I agreed for operation. I followed complete treatment very regularly and now I am disease free because of Doctors team work. I am highly thankful to them.

CONSENT

Written informed consent was obtained from our patient for the publication of this case report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.

COMPETING INTERESTS

The authors declare that they have no competing interests.

AUTHORS' CONTRIBUTIONS

Our patient was admitted under the authors care in hospital attached to GJPIAS&R and was followed up as outdoor patient. All authors read and approved the final manuscript.

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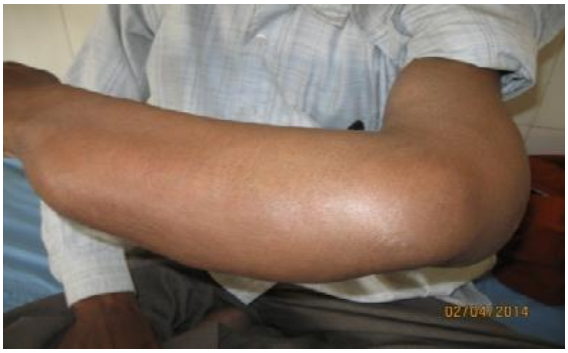
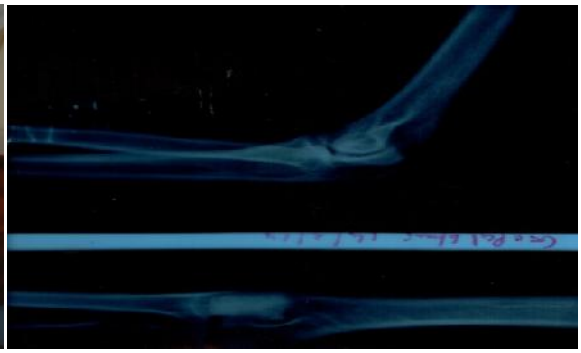


Picture 1: Showing huge swelling extending below left shoulder to wrist measuring about 35x11cms



Picture 2: X-ray left elbow shows no bone and joint abnormality.

Report1: FNAC report of Axillary lymph node shows tubercular lymphadenitis.

Report 2- X-ray chest report shows blunt Left CP angle

(R)Video0001. (1).mp4

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