

**UNUSUAL PRESENTATION OF EXTRAPULMONARY TUBERCULOSIS—  
KNEE TUBERCULOSIS – A CASE REPORT**

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**PURPOSE:** Tuberculosis has been a health concern for thousand of years. Today one third of world's population suffers from tuberculosis. The musculoskeletal involvement is still very unusual, and occurs in only 1-5 %. Large joints as spine, hip and knee, are more commonly involved than small joints. The place of primo-infection is usually the lung, and the involvement of joints occurs via haematogenous spread. Because of unspecific clinical and laboratory findings there is usually a delay in diagnosis. Less than half of the cases have pulmonary tuberculosis simultaneously. The early radiological findings have no specific characteristics, and can be not distinguish from non specific arthritis. The diagnosis is often based on high suspicion index.

**CASE:** We report a case of 70 years old women with specific arthritis of the knee. She had unilateral swollen and painful knee for a long period without adequate response on usual antireumathic therapy. She had one laparoscopic operation and therapy for non-specific arthritis including corticosteroids for almost two years. When a radiologist found osteolytic changes, she had a second arthroscopic operation when material was taken for microbiologic tests for tuberculosis. During this operation of the knee, joint aspiration and synovial biopsy were taken for analysis and culture. Mycobacterium tuberculosis was found.

**CONCLUSION:** This case brings out that osteoarticular tuberculosis without pulmonary involvement is often misdiagnosed. The symptoms are mild and non-specific. Usually there is no evidence of the disease in other organs. The early clinical and radiological findings are not specific and the routine laboratory results are not helpful. The only specific finding is the isolation of the Mycobacterium tuberculosis from the joint fluid or the synovial biopsy. Always in doubtful cases, material should be taken for etiological diagnosis.