

Poncet's disease & gastrocnemius abscess: An unusual presentation of tuberculosis in a diabetic man

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Abstract

Poncet's disease (tuberculous rheumatism) was rare and challenging complication of tuberculosis (TB) infection, therefore frequently missed. It can happen in all TB-infection phase and should be one of much differential diagnosis of poly- or oligoarthritis in TB endemic area.

We describe the case of a 47-year-old Asian man who presented with active tuberculosis where two week-reactive bilateral arthritis of the knee was the symptom followed pulmonary manifestation. He was treated with anti-tuberculosis drugs for four months before arthritis appeared. Poncet's disease was our diagnosis and 6-month antituberculosis, as well as non-steroid anti-inflammatory drugs (NSAID) were given. Diabetes mellitus was the only risk factor of this immunocompromised state.

Two weeks later, bilateral gastrocnemius abscess then thought as complication of the arthritis. But, unmatched conventional culture result of synovial fluid and abscess made us wondered if Poncet's disease is really sterile reactive arthritis or there was undetected microbe artefact? Furthermore, his arthritis and abscess completely respond to 3rd generation of Cephalosporin as the first choice of antibiotic according to abscess culture.



Biography:

Emad Dianita was internal medicine resident of Brawijaya University, the one of the greatest universities in Indonesia. She has a passion in tropical & infectious disease which is the most

common disease in her country. She applied her best capability in clinical approach after years of experience as physician and biomedical researcher.

Speaker Publications:

1. Abdulaziz S, Almoallim H, Ibrahim A, et al (2012) Poncet's disease (reactive arthritis associated with tuberculosis): retrospective case series and review of literature. Clin Rheumatol. 31: 1521-28.
2. Arturk H, Soydemir D, Abali S, Somer A, Yakeler E, Koksalan K, et al (2015) Poncet's Disease : Reactive Arthritis Due to Tuberculosis. J Pediatr Infl. 9: 000-000.
3. Hammer M, Nettelbreker E, Hopf S, Schmitz E, Porschke K, Zeidler H (1992) Chlamydial rRNA in the joints of patients with Chlamydia-induced arthritis and undifferentiated arthritis. Clin Exp Rheumatol. 10:63-6.
4. Izumi M, Ikeuchi M, Tani T (2012) Septic arthritis of the knee associated with calf abscess. Journal of Orthopaedic Surgery. 20(2):272-5.
5. Sibilia J & Limbach F-X (2002) Reactive arthritis or chronic infectious arthritis?. Ann Rheum Dis. 61: 580-587.

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