Resurgence of Tuberculosis - TB of Sacroiliac Joint
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Abstract
As the incidence of Tuberculosis continued to decline in the early 1980's there was optimism that the disease would be completely eradicated in industrialized nations by the 2010. But by the mid 1980's & early 1990's the number of tuberculosis cases began to increase worldwide, and by the 2000, the tuberculous bacteria had infected more than one-third of the world's population. Multiple factors contribute to the global increase in tuberculous infection like failure of patients to complete the full length of treatment, emergence of resistant strains of bacteria, international air travel and tourism, AIDS.

A case of tuberculosis of sacroiliac joint is reported, which is a rare site, further more it presented in an unusual manner as gluteal abscess. As tuberculous infection is increasing after dormant period, there should be high suspicion in unexplained lesion and thorough investigation should be performed.

Key words
No site in body is immune to TB.

Introduction
Tuberculosis (TB), chronic or acute bacterial infection that primarily attacks the lungs, but which may also affect the kidneys, bones, lymph knots and brain.
TB has existed since at least 2000 BC, as shown by tubercles found in mumified bodies. It was one of the major killers. The success of drug therapy and the declining rates of the disease incidence and mortality instilled a sense of confidence that TB could be conquered. But by the mid and late 1980's the number of TB cases began to increase, seriousness of this could be appreciated by the World Health Organization's (WHO) declaration of TB to be a global emergency (1993).
According to WHO, one individual becomes infected with TB every second, and every year 8 million people contract the disease. Tuberculosis causes 2 million deaths a year. WHO predicts that between 2000 and 2020, nearly 1 billion people will become infected with the TB bacteria and 35 million people will die from the disease.

Case Report
60 years old lady reported to our outpatient with the complain of recurrent gluteal abscess. She developed swelling in gluteal region after fall, which was drained as gluteal abscess in a renowned hospital of the city. As the wound kept on discharging another I/D was done which did not prove to be effective. It was then she reported to us.

With consideration of the resurgence of TB this unusual gluteal abscess was investigated further. Following investigations were performed: CP ESR, U/E & Creatinine, LFT's, Blood sugar, X-ray chest, X-ray hip & sacroiliac joint, CT scan & CT sinogram. ECG & Echocardiography in addition, for preoperative preparation.
Her ESR was 110. X-ray chest was normal, X-ray of SI joint showed destruction

Fig. 1

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CT scan and sinogram confirmed the destruction of SI joint and extension of sinus tract to the joint Fig. 2. And 3.

CT Sinogram
It was decided to achieve tissue biopsy for definitive diagnosis. From posterior approach SI joint was explored, soft tissue and bone material sent for histo-pathology. The results of biopsy showed epitheloid granuloma confirming TB.

The anti tuberculous treatment started with regimens of injection Streptomycin, PZA, Myambutal, Rifampicin INH. With 6 months of treatment her wound has healed nicely, she has started partial weight bearing.

Discussion

Tuberculous infection is a time old disease effecting humans and animals. Infact pulmonary tuberculosis was one major killer before advent of ATT. Uptill the 4 decade of 2nd century TB was an incurable disease like malignancy now days. With vaccination, ATT and change of life style in the last 50 years this disease was significantly controlled. In US deaths from TB dropped from 188 per 100,000 to 1 per 100,000 in 1980. In last 15 years TB cases have increased with its full vengeance.

Unlike pulmonary TB, Musculoskeletal TB is not life threatening but its morbidity is significant effecting function status. Affection of soft tissue, bone and joint had become an epidemic.

Unexplained swelling, chronic weeping wound or joint effusion of unknown origin is constantly turning up to be TB. So clinicians should have high suspicion while dealing with such lesions. The problem is further complicated while it presents in rare sites and in peculiar fashion. At the one hand the cases are increasing in numbers, on the other hand treatment is not easy. Treatment is not an easy task, reason being long treatment, patient's compliance, emerging drug resistance. Empirical treatment should not be started on suspicion until histological evidence is achieved. Patient's and relative's counseling is very important for completing long treatment. Close surveillance and patient compliance should be assessed to achieve full Cure. WHO strongly recommends adopting a program called directly observed treatment, (DOTS).

References

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