SPONDYLODISCITIS AND WRIST ARTHRITIS CAUSED BY TUBERCULOSIS IN A PATIENT WITH SJÖGREN'S SYNDROME

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BACKGROUND

Vertebral osteomyelitis is a rare entity. Its diagnosis is often difficult because of nonspecific symptoms and the high frequency of back pain in general rheumatologic patients. Expanding the propaedeutics is necessary in order to achieve aetiologic diagnosis and, then, to guide specific treatment.

CASE REPORT

Female patient, 54 years old, with a previous diagnosis of primary Sjögren's syndrome (pSS), with the following manifestations: xerophthalmia with positive Schirmer's test in both eyes, xerostomia with salivary gland scintigraphy with decreased secretion, polyarthritis, interstitial lung disease, reactive ANA 1/1280, anti-Ro positive. In chronic use of azathioprine 150 mg/day, hydroxychloroquine 200 mg/day and prednisone 20 mg/day. Patient attended to the clinic for a control consultation with a report of wasting syndrome, with significant weight loss and increased inflammatory markers. At that moment, we opted for suspension of immunosuppressants and propaedeutic expansion. An echocardiogram was carried out, without alterations, and a computed tomography (CT) scan of the abdomen showed a fracture of the T12 vertebra, suggestive of a neoplastic process, in addition to the presence of multiple microlesions in the spleen and liver, suggesting metastases or cysts. Thoracic spine biopsy was performed and a diagnosis of tuberculosis of the T12 vertebra was made, confirmed by the finding of Koch's bacilli on Ziehl-Neelsen staining. Started treatment in the RIPE regimen. After approximately one month of treatment, she developed arthritis of the right wrist and hand (Figure 1), with ultrasound showing wrist pansynovitis with joint effusion and metacarpophalangeal bone irregularities. Patient was hospitalized, submitted to joint lavage, with a large amount of purulent secretion coming out. Intra-articular secretion culture also with growth of Koch's bacilli. The patient maintained on treatment with the RIPE regimen, without the use of azathioprine.

Figure 1. Wrist arthritis.

CONCLUSION

Tuberculosis is an endemic disease in our country and the rheumatologist must always remember it in cases of axial and peripheral disease, especially in immunosuppressed patients.

KEYWORDS

Spondylodiscitis, Sjögren's syndrome, Tuberculosis, Wrist arthritis.