UNIVERSITY OF SASKATCHEWAN

Poncet's Disease: A dis-jointed TB presentation

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Challenging Cases: Beyond the Basics
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Clinical Presentation

- 14-year-old male admitted to tertiary care centre following new dx of type 2 diabetes.
- While inpatient, noted to have 3-week hx of polyarthralgia (bilateral knees/clavicles/small joints of hands and feet) limiting mobilization, refractory to NSAIDs and acetaminophen.
- Some weight loss, fatigue (assumed secondary to DM).
- No respiratory symptoms or features suggestive of extra pulmonary TB.

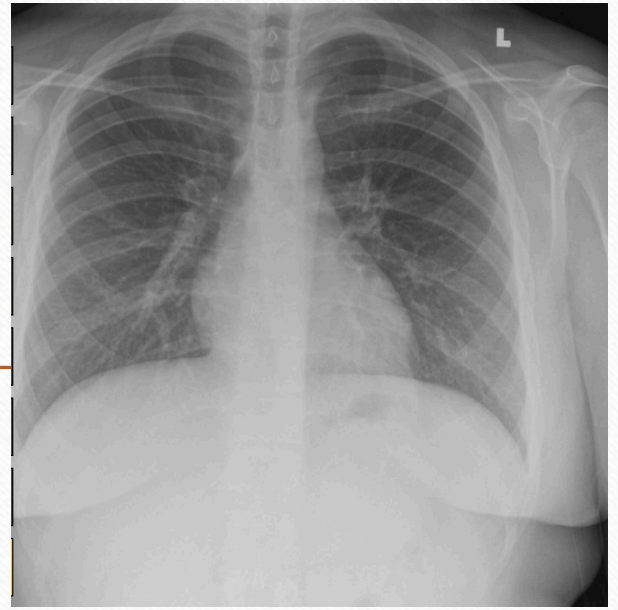
Patient Profile

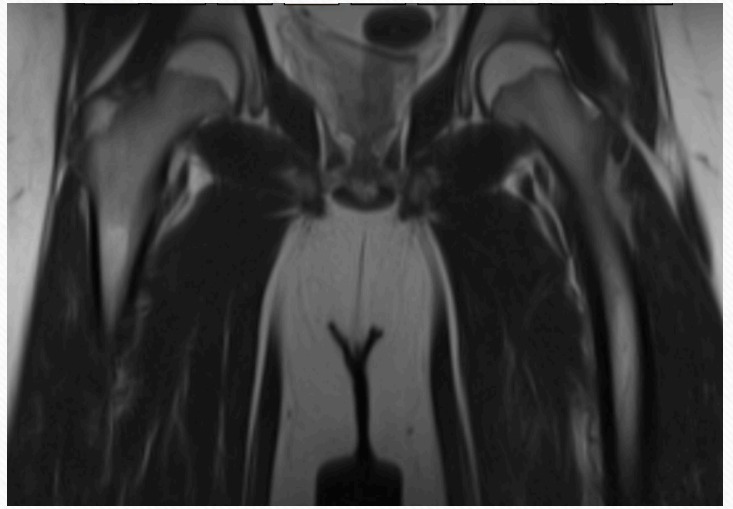
- **PMHx**
  - fairly unremarkable other than new dx of T2DM, obesity, OSA.
- **Medications:**
  - Humalog, Lantus, Metformin, Vitamin D, NSAIDs, acetaminophen, cyclobenzaprine
- **TB Risk Factors:**
  - No documented TB contacts, no previous TB treatment/prophylaxis
  - No travel
  - Patient lives in community with current TB outbreak (~ 50% cases are pediatric)

Investigations

- **CBC:** N WBC, mild normocytic anemia, thrombocytosis
- **Inflammatory markers:** CRP 67.9 mg/L ; ESR 79 mm/h
- **Infectious work-up:** **TB IGRA positive.** Chlamydia/gonorrhea PCR, viral hepatitis, HIV negative.
- **Auto-antibodies:** negative. HLAB27 negative.

- **CXR**: unremarkable
- **MRI:** N bone marrow signal, **mild non specific bilateral trochanteric bursitis, subacromial-subdeltoid bursitis, no other inflammatory synovitis** or CRMO





Outcome

- **Diagnosis:** Poncet's Disease (Possible)
- **Treatment**: 6 months active TB therapy with RIPE DOT
- **Resolution**:
  - 1 month post tx: amelioration of arthralgia, no residual functional impairment
  - 4 months post tx: normalization of inflammatory markers
  - **Current update: symptoms entirely resolved, tx completed with > 90% compliance.**

References

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Appendix: Sharma et. al. PD Diagnostic Criteria

Essential Criteria	- Inflammatory, non-erosive, non-deforming arthritis - Exclusion of other causes of inflammatory arthritis
Major criteria	- Concurrent diagnosis of extra-articular tuberculosis - Complete response to antitubercular therapy
Minor criteria	- Mantoux positivity - Associated hypersensitivity phenomenon, such as erythema nodosum, tuberculids or phlyctenular keratoconjunctivitis - Absence of sacroiliac and axial involvement

For diagnosis:

Definite – Essential + two major

Probable – Essential + one major + three minor

Possible – Essential + one major + two minor, or Essential+ three minor