Rare presentation of great imitator: Mycobacterium tuberculosis (MTB) intramuscular abscess.

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Introduction:
Based on the WHO report in 2017, the incidence of MTB infection in Philippines was 30 times higher than that in Japan. We may take care of patients with rare MTB infection when the incidence of the disease is high. Here, we report an immunocompetent Filipino woman presented with MTB intramuscular abscess and osteomyelitis.

Case Presentation:
A 28 year-old Filipino woman noticed right hip pain and swelling 1 month prior to admission. She denied cough, septum, fever, weight loss and night sweat. She had no significant past medical history and family history. Her vital signs showed blood pressure of 99/69 mmHg, the pulse of 101 beats per minute, and she was afebrile. There was a tender, palpable and non-mobile 10 cm x 10 cm mass without erythema on her right hip. The laboratory data showed WBC count 11,180 /μl, CRP 9.8 mg/dl. Her HIV antibody test was negative. We ordered the chest CT which revealed 2.2 cm x 1.4 cm irregular pulmonary nodule suggest MTB infection. Her three gastric fluid sample smear showed negative for acid fast bacillus. She had contrast-enhanced MRI performed which revealed 89 mm x 68 mm enhanced mass in her piriformis muscle and gluteus maximus muscle with involvement of her sacral bone. Ultrasound guided aspiration was performed which showed grossly purulent material inside. The gram stain showed numerous leukocytes with absence of bacteria. The specimen showed positive for the MTB PCR. Thus, we diagnosed her with intramuscular abscess and osteomyelitis secondary to MTB. The isolated MTB was drug-sensitive and she has been under 4 drugs regimen for treatment of active tuberculosis.

Discussion:
Intramuscular tuberculosis is reported to be a rare disease. However, our case suggest that even with rare presentation, we always suspect of MTB infection for patients from endemic countries and the gram stain of the abscess shows numerous leukocytes without any bacteria.