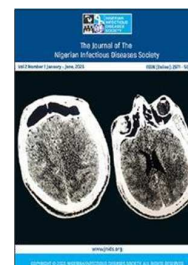




Journal of the Nigerian Infectious Diseases Society



NIDS 2022 Conference Abstracts

J Nig Infect Dis Soc 2023; 2(1):A02

Tuberculosis of the Chest Wall Mimicking Pyogenic Abscess in a Young Nigerian Woman: A Case Report

Mikailu A^{1*}, Balarabe H¹, Emwanta PN¹, Jiya E^{1,2}, Sufyan F³, Asara A, Adeiza MA¹, Hammangabdo A¹

1. Infectious Disease/Respiratory Unit, Department of Internal Medicine, Ahmadu Bello University Teaching Hospital, Zaria, Nigeria.
2. National Tuberculosis and Leprosy Training Center, Saye, Zaria.
3. Cardiothoracic Surgery Unit, Ahmadu Bello University Teaching Hospital, Zaria.

*Corresponding author:

asheer4040@gmail.com

DOI

10.58539/JNIDS.2023.2104

Quick Response Code:



ABSTRACT

Background: Tuberculosis (TB) is a chronic granulomatous infection that usually involves the lungs, and the hilar lymph nodes. Musculoskeletal TB occurs in 1% to 3 % of persons with TB infection. Tuberculosis of the chest wall constitutes 1% to 5% of all musculoskeletal TB. We report this case for its rarity.

Case Presentation: A 28-year-old woman presented with two months history of weight loss, four weeks history of fever, sweats and a slowly enlarging painful anterior chest wall swelling. She was treated for pulmonary TB three years prior to onset of his current symptoms. She had been placed on antibiotics in a secondary care facility with no improvement. Examination revealed a young woman who was febrile (38.5°C) with a right sided anterior chest swelling overlying the sternum. It measured 12 cm x 6cm, tender, warm and fluctuant with intact overlying skin and no discharging sinus. Systemic examination findings were unremarkable. She had a normal blood sugar; HIV screening test was negative and she had erythrocyte sedimentation rate of 140 mm in the first hour, and full blood count revealed neutrophilic leukocytosis. Ultrasound scan of the swelling showed fluid collection in the subcutaneous space and guided aspiration revealed a purulent fluid that tested positive to *Mycobacterium tuberculosis* using GeneXpert RIF. She was managed as TB chest wall abscess with a fixed dose combination of rifampicin, isoniazide, pyrazinamide and ethambutol. Surgical drainage of the abscess yielded 200mls of pus. She recovered completely and was discharged home to complete a full course of anti-TB medications.

Conclusions: TB remains a burden in developing countries. Chest wall TB is a rare form of extrapulmonary TB requiring a high index of suspicion to diagnose, and it should be considered in the differential diagnosis when evaluating skin and soft tissue abscesses of the chest wall.

Key words: Tuberculosis, Chest wall, Abscess, GeneXpert/RIF