

Poncet's Disease: TB Reactive Arthritis: A Case Report

S. Prasanth¹, N. Jeeva²

Postgraduate, Department of General Medicine, Vinayaka Mission's Medical College & Hospital, Karaikal

Professor And Unit Chief, Department Of General Medicine, Vinayaka Missions Medical College & Hospital, Karaikal

Abstract: Poncet's disease is a rare reactive polyarthritis, which can precede, follow or manifest concomitantly with active tuberculosis, mostly extrapulmonary. Diagnosis is made only on clinical grounds and mainly on complete resolution of the arthritis with ATT. Here we report a case of Poncet's disease accompanied with ileocaecal tuberculosis. A 37 year old male presented with H/O 2 months of fever, 1 month of diarrhoea and loss of weight about 5 kg in the last 2 months, with no previous h/o TB or contact with TB. On examination patient was emaciated with mild swelling in right iliac fossa and other systems were clinically normal. Provisional diagnosis of ileocaecal tuberculosis was made and while investigating for the same, patient developed asymmetric polyarthritis of large joints, CT abdomen showed mesenteric lymphnodes enlargement of >2 cm size and thickening of ileum and ileocaecal junction. TB QUANTIFERON GOLD test was also positive. ATT was started and on review after 3 weeks, all signs and symptoms of arthritis completely resolved.

Keywords: Reactive arthritis; Tuberculosis; Poncet's disease

1. Introduction

Poncet disease is a rare para-infective asymmetrical polyarthritis involving large joints. It can precede follow or manifest concomitantly with features of active TB-mostly extra pulmonary. Diagnosis is mainly clinical by excluding all other potential possibilities. Resolution of arthritis after starting ATT, mostly within a few weeks, is a further proof of diagnosis.

2. Case Report:

A 37 year old male presented with H/O 2 months of fever, 1 month of diarrhoea and loss of weight about 5 kg in the last 2 months. H/O polyarthritis within a period of 1 week, first started in right knee joint followed by right wrist, right elbow and both right and left shoulder. Not a K/C/O TB, BA, HTN, DM, No H/o contact with TB.

Clinical examination revealed patient was emaciated, febrile and there were no signs of dehydration. Vitals: Tachycardia and BP was 120/70mmHg. Mild swelling in the right iliac fossa was present and other systems were clinically normal.

Examination of the wrist joint and knee revealed swollen, synovial thickening, tenderness, effusion, restriction of movement was present

3. Laboratory Investigation

Investigations	Finding
Hemoglobin	11 g/dl
Total count	15,200/mm ³
Neutrophils	81.2%
Lymphocytes	15.3%
Monocytes	3.3%
Platelets	2.5 lakhs /mm ³
ESR	15mm/30mm
Mantoux test	Negative
RA Factor	Negative

QUANTIFERON TB GOLD	POSITIVE
Stool examination	Normal
Synovial fluid analysis	Normal & No growth
Chest X-Ray PA view	Normal

4. Discussion

Reactive arthritis in TB is known as Poncet's disease. It is non-destructive parainfective polyarthritis occurring during the active tuberculosis. It is a rare aseptic arthritis. The diagnosis is largely clinical and is made by excluding other causes of polyarthritis in a patient with documented active tuberculosis.

Mainly occurs in patients with extrapulmonary TB, in our patient it was ileocaecal tuberculosis. The exact pathophysiology is not clearly understood. It has been hypothesized that after infection, as a result of systemic immunization, sensitized CD4+ cells together with bacterial antigens migrate to the joints and cause arthritis.

Resolution of arthritis upon starting of adequate anti-tuberculous therapy is mostly within a few weeks.

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