



The tubercular trochanterite at the adult about 5 cases

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ABSTRACT

To identify aspects of tuberculosis location of the greater trochanter and the adjacent soft parts, we conducted a study of 5 cases of tuberculous trochanterite collected in the trauma orthopedics Avicenne RABAT. There are 2 males and 3 females, mean age 45 years; this is a very latent disease that involves pain and swelling and sometimes a fistula. The radiograph shows specific alterations. The diagnostic confirmation is always based on the biopsy results will be sent to the bacteriology and pathology, and highlights specific lesions. The medical treatment is essentially based on anti-tuberculosis chemotherapy, most often associated with a surgical resection of the abscess pocket curettage of necrotic bone, removal of a fistula. The evolution under well led treatment is usually favorable, except in cases of infringement secondary hip which is a serious complication and is now becoming increasingly rare.

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Introduction

The achievement of the greate trochanter is a rare location of tuberculosis, it represents only 2% of osteoarticular tuberculosis, this location should be known because some resurgence of the disease despite progress on methods diagnostic and therapeutic. Our study concerns five patients with tuberculous trochanterite collected service Traumatology orthopaedics at the Avicenne Hospital

Observation:

Five cases of tuberculous trochanterite collected in our service, it is 2 men and 3 women of average age 45 years who consulted for swelling of the hip, with 2 cases of fistula.

Plain radiographs showed osteolysis of the greater trochanter.

The treatment consisted of a surgical approach with resection of the abscess pocket curettage of bone necrosis and excision of fistulous when they're supplemented by medical antibacillary for 12 months. Histological examination confirmed the diagnosis. The outcome was favorable with a mean of 5 years. No recurrence was noted.

Discussion:

Trochanterite tuberculosis is rare, it represents 2% of osteoarticular tuberculosis, it occurs around the fourth and fifth decades, in our study the average age is 45, and it is observed primarily in men. In history, the concept of trauma is widely emphasized in all studies, it seems that trauma creates tissue damage can either locally set a tubercle bacillus, or a wake quiescent home (5). In the majority of studies made, there is the notion of history tuberculosis (6); in our series one patient had a cervical Pott partner.

The onset is often insidious, causing a delay in diagnosis, the status phase (8) is characterized by pain in the hip mechanical, swelling (FIG1), limitations of motion of the hip, and fistula (FIG2) was observed in 2 of our patients and can sit away from the greater trochanter. The condition may be altered or maintained, the existence of a muscular thigh is variable.

Biologically (9) sedimentation rate is usually normal, it is elevated in all patients, the blood count is usually normal, the intradermal tuberculin reaction was positive in 2 of our patients, the direct examination after needle aspiration of abscesses and

collected ZEIHL staining is positive in one case, it does not allow to differentiate between tuberculosis and atypical myobactéries, this will be clarified by the culture medium and LOWENSTEIN JENSEN, bacillus grows slowly at 21 to 72 days, hence the need for repeat cultures.

Histological examination of the various samples can highlight the most often epithelioides and gigonto-cellular follicles with caseous necrosis, which confirmed the diagnosis in all patients.

Radiologically (1-7), the standard radiograph of the pelvis (Fig3 and Fig4) and a face plate centered on the proximal femur profile may be normal as they can show irregular densifications surrounding bone gaps in very advanced cases amputation of the upper and outer part of the trochanter. The fistulogram is used in case of distal fistula.

Scintigraphy usually shows nonspecific uptake, it is indicated in the early forms. Ultrasound shows fluid collections with heterogeneous content, it is positive for one of our patients. The scanner defines the degree of extension, made in 2 of our patients; it shows the extent of a collection around the greater trochanter and the soft parts.

The main differential diagnoses (6) with tuberculous trochanterite are trochanterite pyogenic, trochanteric bursitis, trochanterite insertion, and tumors. Treatment (3) is based on medical antibacillary by the combination of 3 drugs in the initial phase which lasts 2 months (Rifampicin, Pyrazinamide and Strptomycine) and 2 drugs in the maintenance phase (Rifampicin, Pyrazinamide).

Surgical treatment is the essential treatment and consisted of: drainage and resection of the pocket absces in 3 cases, curettage of necrotic bone resection with path fistula in 1 case, and repeated punctures in 1 case.

Evolution is proven by clinical, biological, and radiological.

Conclusion:

If osteoarticular tuberculosis is common, tuberculous trochanterite is rare, it is a condition of insidious evolution, orientation diagnosis is made on clinical, biological, radiological findings, and confirmation is made by examining anatomical pathological.

The treatment of tuberculous trochantérite is essentially based on medical antibacillary for 6 to 12 months, surgery can cure and prevent recurrence.



Fig 1: Swelling of the left hip



Fig 2: Fistula over the greater trochanter left



Fig 3: Irregular densification over the greater trochanter



Fig 4: Bone lysis of the outer portion of the greater trochanter

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