PONCET’S DISEASE---A RARE CASE OF PULMONARY TUBERCULOSIS WITH REACTIVE POLY ARTHRITIS

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INTRODUCTION

Poncet’s disease is a floating poly arthritis associated with visceral tuberculosis in which there is no evidence of bacteriological involvement of joints [2]. Antonin Poncet (1897) is the person who first described this syndrome and it is named on his name as poncet’s disease. The pattern of articular involvement is predominantly non-migratory, polyarticular with mild to moderate functional incapacity [7]. Morning stiffness is usually absent. More than 25 cases have been reported in the literature since 1974. This is one such case we found in our KIMS hospital, Amalapuram, East Godavari district of Andhra Pradesh.

CASE REPORT

A 55 year old male patient by name R.Gireddi Satyanarayana attended to Chest OPD on 3-6-2011 with complaints of cough with expectoration, fever and joint pains since 7 months. He was chronic smoker and alcoholic. He had no past history of pulmonary tuberculosis, asthma, diabetes or hypertension. There is no family history of rheumatoid arthritis. He is anemic, moderately built, ill nourished and febrile. His right wrist was swollen and tender. His left shoulder was tender, frozen with restricted movements. On auscultation showed bilateral crepitations of lungs. CVS, CNS and abdomen was normal. Patient was
treated with non-steroidal anti-inflammatory (NSAID) drugs for one month by orthopaedic doctors but no improvement. We have admitted him in male chest ward for investigations on 3-6-2011.

55 year old male patient
By name R.Gireddi Satyanarayana
PONCET’S Disease.

Chest X-ray showed
bilateral infiltrations
Suggestive of Tuberculosis.

Left Knee joint was tender,
ankylosis with restricted movements.

Right wrist was swollen and tender

Left elbow joint was tender,
frozen with restricted movements.
INVESTIGATIONS

1. Sputum for AFB: Positive 3+
3. Blood tests: ESR 75mm/hr, RA factor Negative, CRP Negative.
4. FNAC Right Wrist: Suggestive of chronic granulomatous inflammation possible of Tuberculous etiology.
5. Tuberculin Test: Positive 20 mm.

TREATMENT

The patient was diagnosed as suffering from sputum positive Pulmonary Tuberculosis of both lungs with reactive polyarthritis. DOTS therapy was started under RNTCP on 3-6-2011 along with Supportive therapy. Patient was kept in ward for 2 weeks for observation. Patient was clinically improved, fever subsided, joint pains also reduced and he is able to walk slowly. Patient was discharged on 18-6-2011 with an advice to continue ATT.

CONCLUSION

Poncet’s disease is due to presence of tuberculoprotein released into circulation from pulmonary tuberculosis which produces arthritis in the joints [7]. Pathogenesis of Tuberculous rheumatism is due to HLA linked hypersensitivity response to tuberculous protein [3], and cell-mediated hypersensitive immune response to tuberculoprotein [9]. Antigenic similarity between the tubercle bacilli and human cartilage and circulating immune complexes against synovium have been postulated to bethe cause for this reactive polyarthritis in poncet’s disease. [5]

Key words: Poncet’s disease, Tuberculosis, Reactive polyarthritis.

REFERENCES

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