



MULTIFOCAL PYOMYOSITIS CAUSED BY MYCOBACTERIUM TUBERCULOSIS - AN UNUSUAL PRESENTATION OF TUBERCULOSIS IN A PATIENT WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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BACKGROUND

Few patients with tuberculosis have musculoskeletal involvement, mostly spondylitis, osteomyelitis and arthritis. Tuberculosis polymyositis is rare (about 1.8 % in endemic

areas), usually affects immunosuppressed patients and have clinical manifestations similar to pyomyositis of other etiologies.

CASE REPORT

A 29-years-old woman with a previous diagnoses of systemic lupus erythematosus (SLE) since 2017 (polyarthritis; alopecia; raynaud phenomenon; hemolytic anemia; pulmonary hypertension; ANA nuclear large speckled pattern 1:1280; anti-RNP, anti-Sm and Anti-dsDNA antibodies positives), presented to the medical appointment with two gradually enlarging soft-tissue painless masses over the right forearm and one in left forearm, thighs and lombar region for about 3 months and noticed only one fever episode two days before the presentation without any other clinical complaint. For SLE she was in use of prednisone 40 mg/day, azathioprine (1,5 mg/kg/day) and hydroxychloroquine waiting for the initiation of cyclophosphamide for the treatment of pulmonary hypertension. On physical examination the soft-tissue masses were firm, non-mobile and non-tender. Overlying skin appeared normal without wound, scar or rash. Plain radiographs were normal. Magnetic resonance imaging demonstrated multiple subcutaneous and intramuscular abscesses in forearms and thighs. The erythrocyte sedimentation rate was 66 mm (1^o hour) and the C-reactive protein was 60 mg/L (normal until 10mg/L). The white blood cell count was 11.300/l (87% PMN) and the HIV test was negative. Chest and abdomen tomographies were normal. The aspirate of the lesions showed acid-fast bacilli on smear and subsequently gene expert and Mycobacterium tuberculosis culture were positives. A surgical drainage of the abscess of right arm was done and anti-tuberculosis therapy was started for another 9 months. Gradually, the masses disappeared and after six months of treatment she had a good clinical improvement.

CONCLUSION

In 2018, 72 thousand new cases of tuberculosis were registered in Brazil. In view of the prevalence of the disease in our population, pyomyositis in immunosuppressed patients should have tuberculosis as a differential diagnosis, because a early diagnosis permits a better management and favorable outcomes