

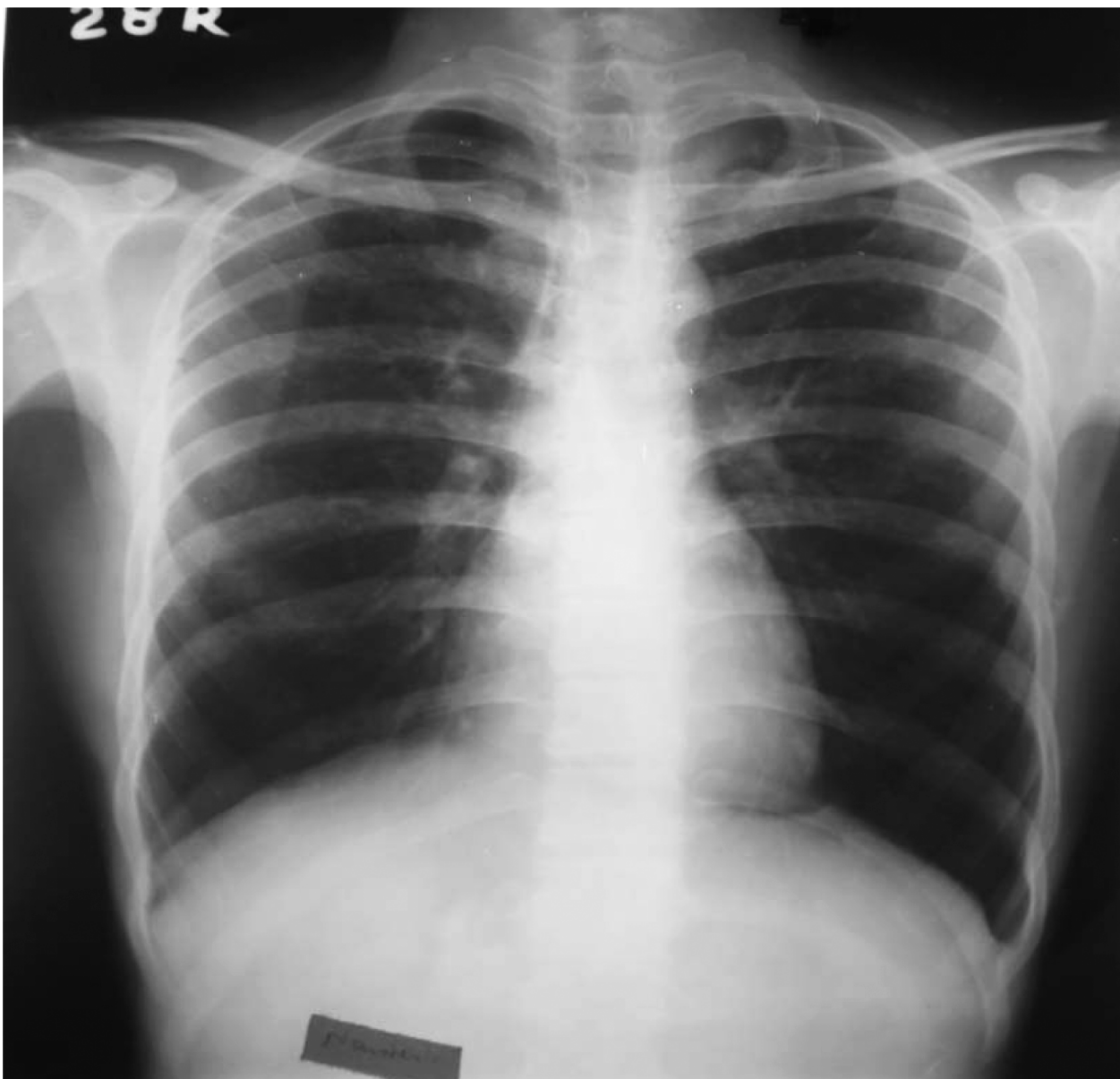
## Radiology Pearl

### Rare Presentation of a Common Disease

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This 20 years old male patient was under evaluation in Orthopedic department for arthritis Left knee and Right wrist. He was referred to Pulmonary Medicine OPD for evaluation of recurrent cough, dyspnoea on exertion grade II and low grade fever of 1 month duration. Any clue in chest X ray pointing to the diagnosis.

**Answer**

Chest X ray showed lytic lesions in lateral end of left clavicle, left 3rd rib posterior end and inferior angle of left scapula.



**X Ray PA – close up focusing lesion**



**AP view- clearly delineate lesion**

On evaluation Tuberculin test was positive with an induration of 18 mm and ESR was 110 mm in 1 hr. CT Thorax confirmed lytic lesion in left 3rd rib, scapula and clavicle with random nodules bilateral upper lobes, ground glass opacity and paraaortic lymphadenopathy. Synovial biopsy from Left knee joint revealed granuloma and synovial fluid AFB culture (BACTEC) showed growth of tubercle bacilli. Patient was diagnosed to have disseminated tuberculosis and was started on anti-tuberculosis treatment. There was good response to treatment.