Upper Thigh Lump: Atypical Presentation of Tuberculosis

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A 54-year-old male, presented with a gradually increasing swelling over the right lateral aspect of the thigh of size 30 × 20 cm over a 3 months duration (Fig. 1). There was no history of fever, weight loss, decreased appetite, back pain, hip pain, or pain at any other site. There was no history of trauma. The patient was diagnosed with HIV-2 and was taking some antiretroviral therapy for 3 years and was recently put on dolutegravir/lamivudine/tenofovir. The swelling was non-tender, soft in consistency with smooth borders, and had no fluctuation. Other general and systemic examinations were normal. Biochemistry, complete blood count, X-ray chest, and abdominal sonography were normal. The last CD4 count was 337 and the viral load was less than 100 copies/mL in May 2019.

In view of asymptomatic swelling over the lateral aspect of the right thigh, clinical diagnoses like lipoma, spontaneous hematoma, hemangioma, or other benign tumors were entertained. Fine needle aspiration cytology of swelling was asked but the patient was lost to follow-up. He visited us after 2 months with a CT scan of the thigh and abdomen (Fig. 2). It shows spondylitis involving the L3-L4 vertebra and right psoas abscess extending to the right thigh in the subcutaneous plane (Fig. 2).

Orthopedic surgeon asked for MRI spine (Fig. 3) which shows tuberculous spine with minimal collection (Fig. 4), hence advised for conservative management.

One liter of thick pus was drained from the thigh abscess. GeneXpert report of pus shows rifampicin-sensitive acid-fast bacilli so an antituberculous drug (HRZE) was started.

Discussion

There are very few case reports in the literature for cold abscesses in the thigh. Agrawal and Jain from Jabalpur reported a primary cold abscess in the hip in an 11-month-old child.1 de Araújo et al. discussed various presentations of tuberculosis of the spine but abscess trickling to the thigh is not described.2 Cold abscess was not entertained before CT/MRI report by any physician. This makes a case interesting and an eye-opener for clinicians. In case of an immune-compromised patient, tuberculosis may always be kept in mind as a differential diagnosis.

References