CLINICAL SNAPSHOT

Tuberculous Tenosynovitis

The patient, a 21-year-old male asylum-seeker from Eritrea, received a wound in the right thenar region while playing soccer in Hamburg several months before the current presentation. He was subsequently treated for phlegmon and tenosynovitis in various different hospitals and underwent multiple operations with resection of multiple extensor tendons. He was given a number of courses of antibiotic treatment. All cultures of the tissue specimens were initially negative; finally, a mycobacterial culture was positive for *Mycobacterium tuberculosis*. Combination therapy (isoniazid, rifampicin, pyrazinamide, and ethambutol) resulted in complete wound healing.

Most cases of mycobacterial tenosynovitis are due to atypical (non-tubercular) mycobacteria and arise either by direct inoculation or by hematogenous spread. Exclusively extrapulmonary disease is seen in only about 20% of cases of tuberculosis; unusual presentations of this kind should always be borne in mind, particularly when the patient comes from an area where the disease is endemic.

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