Rheumatoid Ponce - as the Rare Case of Internal Disease in Clinical Practice

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Rheumatoid Ponce – as the Rare Case of Internal Disease in Clinical Practice: *Diagnosing of tuberculosis is often complicated and the patients are sometimes cured with mistake by hematologists, rheumatologists, oncologists. In some cases, when the result of the examination does not give any possibility of diagnostics, it is necessary to conduct test therapy with tuberculostatic medicines. It is always necessary to keep in mind the possibility of exacerbation (acute condition) of chronic (or old) tuberculosis among the patients with various system diseases who are cured for a long time and took higher doses of immunodepressants.*

Key words: *"Ponce Rheumatoid", tuberculosis, rheumatoid arthritis, affected joints, coxotuberculisis.*

As it is noted in the clinical medicine lately, many diseases of immune genesis often pass with rheumatologic mark. There may often be cases of tuberculosis with nonspecific clinical display i.e. affection of skin, joints, serous membrane, eyes, various internal organs. Nonspecific reactions include feverish syndrome also. Despite the fact, that mechanisms of the progress of hyperthermia are well known, the clinical identification of the reasons of fevers and nosological diagnostic of this clinical syndrome often causes great difficulties for diagnosing of tuberculosis and there are about 25 per cent of diagnostic mistakes.

At the end of last century (in 1897) Doctor Ponce from Lion described coxotuberculisis, suffered by a young man , who had also other affected joints, but no mycobacterium of tuberculosis in them were found. These nonspecific presentations of tuberculosis were named as "Ponce's Tubercular Rheumatism". The same as in case of classical rheumatoid arthritis a long development of articulate syndrome with pains, disorders of mobility may result in serious deformation and ankylosis with invalidation of a patient. E.M. Tareev offered to call this form of tuberculosis as "Ponce Rheumatoid".

The syndromes, typical for rheumatoid arthritis, are revealed during X-Ray examination of the joints. The moderate increase of ESR (erythrocyte sedimentation rate) and hypergammaglobulinemia is noted; as well as light anemia and leucopenia are expressed.

The following complaints, typical for rheumatoid arthritis are: pain in joints and morning constraint.

Identification of a tubercular nidus, positive results of tubercular samples (in those cases then corticosteroids and cytostatic preparation were not administrated preliminarily), and effectiveness of specific therapy give the opportunity to confirm the diagnosis.

In literature we may find description of some cases of tuberculosis with lupus-like reaction: butterfly rash, tropic disorders, arthralgia, leucopenia, distinctly increased ESR (erythrocyte sedimentation rate), "LE" cells, antinuclear factor and antibodies to DNA in high titre are also found in blood.

Hematological symptoms of tuberculosis were initially described by E.M. Tureev in 1948. They reflect reaction of blood production system on developing immune process in sensitizing tubercular organism, which is usually revealed by the signs of bone marrow hypoplasia, anemia, thrombocytopenia, but sometimes leukemoid reactions are noted.

Lymphadenopathy and splenomegaly are stated rather often, but hepatomegaly - is observed rarer. There are the possibility of direct lesions of bone narrow and spleen during the dissemination of tuberculosis associated with changes in peripheral blood. At the present time methatubercular arganulocytosis, vitamin B12-deficiency anemia and hyperplastic anemia are described.

Primary tuberculosis in adults lately attracts attention of clinical internship student due to it often develops with clinical picture of polyserositis, rheumatoid polyarthritis, acute

"general infectious" diseases and other masks of pulmonary tuberculosis. Rarely tubercular bacteriemia which is typical for this form of tuberculosis causes distinctive sensitization of an organism, the revealing of which gives the possibility to admit nonspecific or paraspecific tissue alterations in different organs.

Patient S.M . 32 years old, applied in March 2004 with complaints of high temperature 38° C - 39° C, painfulness and morning constraint of hands, left radiocarpal joint and right elbow joint. In anamnesis she is ill during 1,5 months. She connects her state with acute respiratory viral infections. While examination of both hands, the left radiocarpal joint and right knee joint were slightly swollen, red and very painful in movement.

While laboratory and instrumental testing in peripheral blood were found leukocytosis, high ESR - up to 45mm/h, C-reactive protein - 12 units. Rheumatoid factor is positive. Radiography of hands' joints demonstrates that the articular fissures are narrowed, osteoporosis of bones is observed also. The patient has been made diagnosis: Rheumatoid arthritis, Polyarthritis, seropositive form, active phase with middle activity degree. The rate of activity R°- the second stage. Functional abilities of the patient are retained the second stage.

The patient was administrated treatment with nonsteroid antiinflammatory medicines. In a week the state of the patient improved, the joints got less painful and less constraint, but the temperature periodically raised to 37,5-38° C and she felt weak.

In November the pain and morning constraint of fine joints of hands and feet intensified, the patient suffered from pain in all fine and big joints, low grade fever was registered constantly and she has got 5 kg thinner. While examining the peripheral lymphatic glands (parotid and submandibular glands) were found enlarged to the size of a wheat grain and they were painful.

The peripheral blood testing showed the higher ESR up tp 65 mm per hour, C-Reactive Protein (C-RP) ++1, fibrinogen – 5,6, seromucoid -6,4 Nonsteroid antiinflammatory drugs and glucocorticosteroids (prednisolone - 20 mg in the morning, (10mg X 2) two times) were prescribed for the patient.

In February the patient's condition got worse after acute respiratory infectious disease, the temperature raised to 38,5° C, pain and morning constraint became greater, she got 10 kg thinner and the excessive sweating was expressed. While examination there were found acute pain and constraint of joints of hands, both sides parotid and peripheral lymphatic glands were enlarged. In peripheral blood - L – 3,5 x 10^{-12}g/l, ESR - 45 mm per hour, indexes of rheumatic samples were moderately higher and hypergammaglobulinemia has been observed. The antibodies to Mycobacterium tuberculosis were found in blood. Radiographic (X-ray) examination of lungs demonstrated the intensification of lung picture in IX-X segments on the right , wider root of the left lung and thicker pleura of the left lung's inferior lobe.

On the basis of the anamnesis of the disease, results of clinical, immunological examination (leucopenia, ESR, antibodies to Mycobacterium tuberculosis, fever, loss of the body weight), and X-ray investigation - Tuberculosis with paraspecific reaction and affected joins (according to the type "Ponce Rheumatoid") was diagnosed.

After the course of therapy with tuberculostatic medicines (Per twenty-four hours - Streptomycin – 1 g, Ethambutol – 0,8 g, Izoniazid -0,6 g) the patient felt better, the temperature became normal, the pain lessened and above-mentioned patient gained weight.

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