

An interesting case presenting with bilateral ankle joint swelling

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A 34-year-old female presented in a Physiatrist's clinic with low back pain for one month and left knee pain and swelling around ankle joints for one week without any previous similar episodes. There was H/O mild non-productive cough with effort intolerance and H/O early morning stiffness for about ½ to 1 hour. There was no family history of active arthritis. On examination she was normotensive with body wt.of 61.5 kg without any significantly palpable lymphadenopathy anywhere. Ankle joints were swollen, mild to moderately tender (Figs 1 to 2). Patellofemoral movement and knee ROM were normal with mild tenderness over medial joint line of left knee. There was no neurodeficit in either lower limb including normal straight leg raising test. Sacro-iliac joint stress test and schobers' test were normal. Auscultation of lungs revealed discrete crepitation without any abnormal breath sounds.



Fig. 2



Fig. 1

Investigation reports: Hb% 10.2, TLC-6000,N 68 L28 M01 E03. ESR 45. Pl. glucose (F) 92 mg%, uric acid 4.0 mg%, TSH 3.93 µIU/ml (0.25-5.0), Free T4 12.48 pmol/L (9-20), CRP 21.7mg/L (up to 5), RF 8.7 IU/ ml (up to 20). Sputum for AFB on consecutive 3 days were negative X-ray chest : Bilateral hilar prominence.



Fig. 3

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Fig. 4

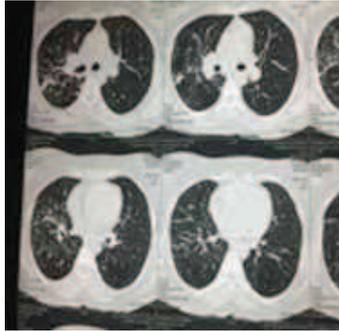


Fig. 5



Fig. 6

Mantoux test was advised which was negative. Serum ACE report was not available till that time.

Hence to get more information CT scan of thorax was done (Figs 4-6).

Then a transbronchial lung biopsy was planned which could not be done due to continuous cough. Patient tolerated a fiberoptic bronchoscopy and BAL fluid report showed cell count $120 \times 1000000/L$ (Ref. range $3-59 \times 1000000/L$), lymphocyte 50%, polymorph 10%. Alveolar macrophage 40%, RBC- moderate number. No AFB or fungal element was seen in the fluid. Gram-stain and culture were also negative for bacterial infection. Transbronchial needle aspiration was performed and histopathology ruled out any malignant or epitheloid cell.

Patient revisited the clinic with worsening of swelling and pain around ankles. interestingly erythema nodosum-like lesions were noted over dorsum of (R) hand, in front of (L) ankle, behind (R) heel (Figs 7&8).

Considering persistent cough, joint pain, bilateral hilar prominence in chest x-ray, alveolar opacity in right lung and hilar and mediastinal lymphadenopathy in CT scan, lymphocytosis in BAL fluid, negative Mantoux test and erythema nodosum in a young female patient figured out the diagnoses of sarcoidosis, and patient was put on prednisolone 30 mg daily for 1 month followed by gradually tapering over time to 10 mg daily. Patient was improved and all the symptoms subsided after the treatment.



Fig. 7



Fig. 8