

Images in medicine

Monoarthritis of the knee revealing tabetic arthropathy



Zeineb Alaya^{1,8}, Walid Osman²

¹Department of Rheumatology, Farhat Hached Hospital, Faculty of Medicine of Sousse, Sousse, Tunisia, ²Department of Orthopaedics, Sahloul Hospital, Faculty of Medicine of Sousse, Sousse, Tunisia

⁸Corresponding author: Zeineb Alaya, Department of Rheumatology, Farhat Hached Hospital, Faculty of Medicine of Sousse, Sousse, Tunisia

Key words: Monoarthritis, knee, syphilis

Received: 17/01/2017 - Accepted: 19/02/2017 - Published: 24/02/2017

Pan African Medical Journal. 2017;26:100. doi:10.11604/pamj.2017.26.100.11683

This article is available online at: <http://www.panafrican-med-journal.com/content/article/26/100/full>

© Zeineb Alaya et al. The Pan African Medical Journal - ISSN 1937-8688. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Image in medicine

53-year-old man presented with monoarthritis of the knee without fever evolving since 6 months associated with an inflammatory biological syndrome. The articular puncture brought back a sterile inflammatory fluid. The radiographs of the frontal knee (A) and profile knee (B) and CT of the knee (C, D) showed destruction of the internal femoral condyle with osteolysis of the medial border of the internal tibial plateau associated with multiple bone constructions with the presence of intra-articular fragments, intra-articular effusion and thickening of the synovium. The diagnosis of tabetic arthropathy in its hypertrophic form was retained following a 20-year history of syphilitic inoculation chancre, posterior radiculocordal syndrome, imaging data and positive syphilitic serology (TPHA-VDRL) in the blood and cerebrospinal fluid. The patient was treated with penicillin G (24 million/day) for 15 days. Tabetic arthropathy is a type of neuropathic arthropathy that has become rare and unfamiliarity with the clinical presentation of this disease may lead to considerable delay in diagnosis. This disease means progressive painless joint destruction that is related to neurosensory deficits caused by syphilis. His diagnosis is difficult as its clinical presentation is not specific and differential diagnosis is wide ranging. Hence, his diagnosis requires clinical suspicion and an appropriate serological test.



Figure 1: (A, B) radiography of the right knee (face and profile incidence): destruction of the internal femoral condyle with osteolysis of the internal tibial plateau associated with multiple bone constructions; (C, D) knee scan in sagittal and axial section: destruction of the internal femoral condyle with osteolysis of the medial border of the internal tibial plateau associated with multiple bone constructions with the presence of intra-articular fragments, intra-articular effusion and thickening of the synovium