DESCRIPTION
Tuberculosis case detection remains difficult, partly because of atypical clinical presentations. We present an atypical tuberculosis monarthritis of the hand. A 66-year-old man with refractory anaemia with excess of blasts and cryptogenic cirrhosis presented an indolent joint swelling of the third metacarpal on the left hand. Radiographs showed destructive changes within the joint and in periarticular structures (figure 1). Chest x-ray was normal. The Zielh–Nielsen test of articular tissue obtained by needle biopsy identified acid-fast bacilli. Löwenstein culture revealed *Mycobacterium tuberculosis*. An initial 2-month intensive phase therapy included isoniazid (300 mg/d), ethambutol (15 mg/d), rifampin (600 mg/d) and pyrazinamide (2 g/d) because the patient was immunocompromised despite being HIV-negative. Daily therapy with isoniazid and rifampin was continued for an additional 16 months. Minimal articular disability was observed at the completion of therapy. An indolent tumour in a joint should include tuberculosis in the differential diagnosis of destructive osteoarticular lesions so as to avoid permanent articular-associated disability.

Competing interests None.
Patient consent Obtained.

REFERENCES