



Medical Imagery

## Tuberculosis Pyomyositis Presented as Cold Abscess with Extrasosseous Calcification

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An 88-year-old lady with hypertension, chronic ischemic heart disease, severe mitral regurgitation, and congestive heart failure, came for fever for two days. Antibiotics were given for her previously drained abscess with negative bacterial cultures in her left perineal region. The fever did not subside and a pelvic computed tomography (CT) scan showed calcified abscesses at the medial aspect of left thigh with left inferior pubic ramus bone erosion. The pus obtained from the CT-guided percutaneous drainage was sent for acid-fast stain, polymerase-chain-reaction and culture, and it successfully detected *Mycobacterium tuberculosis*. Under the impression of tuberculous pyomyositis with osteomyelitis, Rifampin, Isoniazid, Ethambutol and Pyrazinamide were given. Her fever subsided and the discharge was reduced after the treatment. In countries with high tuberculosis prevalence, extrapulmonary *M. tuberculosis* infection should be included in the differentiated diagnosis when the patient presented with chronic and cold abscesses with extrasosseous calcification, especially among the patients with extreme age and chronic heart and pulmonary diseases.<sup>1-4</sup>

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Nil.

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**Figure 1.** A pelvic computed tomography (CT) scan showed calcified abscesses at the medial aspect of left thigh with left inferior pubic ramus bone erosion.

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