Tuberculosis of the Sternoclavicular Joint

Junji Takiguchi and Hirokazu Sakamoto

Key words: Mycobacterium tuberculosis, sternoclavicular joint

DOI: 10.2169/internalmedicine.8844-17

Department of Respiratory Medicine, Kobe Rosai Hospital, Japan
Received: January 10, 2017; Accepted: January 29, 2017; Advance Publication by J-STAGE: August 21, 2017
Correspondence to Dr. Junji Takiguchi, j.takiguchi@kobeh.rofuku.go.jp
An 87-year-old woman presented to our hospital with cough and a swollen mass on the right side of her chest wall, which had been present for 6 months. She had no history of tuberculosis. A physical examination revealed a cutaneous tumor with a skin defect on the right side of the sternoclavicular joint (Picture 1). Chest radiography showed a mass that appeared to be located on the right side of the mediastinum (Picture 2, white arrow) and small nodules and consolidation in both lungs (Picture 2, black arrows). Computed tomography showed a low-density mass with destructive osseous change in the right sternoclavicular joint (Picture 3, arrows). *Mycobacterium tuberculosis* DNA was detected in the fine-needle aspirate of the cutaneous tumor and bronchial lavage; the cultures of the aspirate also revealed *M. tuberculosis* growth. We diagnosed the patient as having tuberculosis of the sternoclavicular joint and lungs. Tuberculosis should be considered when patients with arthritis present with lung abnormalities, even when it is observed in rare locations.

The authors state that they have no Conflict of Interest (COI).

The Internal Medicine is an Open Access article distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (https://creativecommons.org/licenses/by-nc-nd/4.0/).