

Dr. Arthanari and Dr. Nisar reply

To the Editor:

In response to Dr. Rooney's comments, as described in our report¹, the right knee relapsed during the course of our patient's second pregnancy, leading to the diagnosis of tubercular monoarthritis. During this pregnancy the arthritis of the peripheral small joints was, as expected, in remission. Thus there was no indication of Poncet's disease.

At the time of diagnosis, acid-fast bacillus was isolated from early-morning urine samples, suggesting the primary source of infection was the urinary tract. Although symptomatic, no structural damage was found. Our patient had no gastrointestinal symptoms, so invasive investigations were not justified. Glandular tuberculosis is the most common extrapulmonary manifestation in the South Asian population and is of much greater significance than the gastrointestinal tract^{2,3}.

We did consider the possibility of corticosteroid injection being a contributory factor. However, while such joint injections are common, there is no evidence in the literature of this procedure resulting in local tubercular infection. We did also consider the role of pregnancy in promoting articular tuberculosis, but again there is no definitive evidence to support this. In contrast, our case illustrates the potential for an underlying arthropathy⁴ and local damage, irrespective of cause, to predispose to such infection⁵⁻⁷.

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