



Atypical Case of Wrist Rice-Body Bursitis in the Absence of Rheumatism and Tuberculosis

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Abstract

This report presents an atypical case of wrist rice-body bursitis in a patient with no prior history of rheumatism or tuberculosis. The patient, a 38-year-old female, presented with swelling and pain in the wrist, prompting imaging studies that revealed characteristic rice bodies within the bursa. Initial concerns for underlying inflammatory or infectious processes were addressed through comprehensive diagnostic testing, which ruled out rheumatologic conditions and infectious agents, including tuberculosis. The diagnosis of rice-body bursitis was established based on clinical presentation and imaging findings. Management included conservative measures, such as corticosteroid injections and physical therapy, resulting in significant symptom relief. This case highlights the importance of considering rice-body bursitis as a potential diagnosis in patients with unexplained wrist symptoms, even in the absence of common underlying conditions.

Keywords: Wrist bursitis; Rice bodies; Atypical case; Rheumatism; Tuberculosis; Conservative treatment

Introduction

Rice-body bursitis is a rare condition characterized by the presence of rice-like bodies within the bursa, typically associated with inflammatory processes [1]. These rice bodies are formed from fibrin and necrotic tissue, often seen in chronic inflammatory conditions such as rheumatoid arthritis and tuberculosis. However, the occurrence of rice-body bursitis in the absence of these common underlying diseases is infrequent and warrants further investigation. This report details the case of a 38-year-old female patient presenting with wrist swelling and pain, with no prior history of rheumatism or tuberculosis [2-5]. Given the unusual presentation, a thorough diagnostic workup was conducted to exclude other potential causes of bursitis. The aim of this case report is to highlight the diagnostic challenges and management strategies for wrist rice-body bursitis in a patient without typical predisposing conditions. Understanding this condition can enhance awareness among clinicians and support better patient outcomes through timely and appropriate intervention.

Results and Discussion

The patient presented with significant swelling and tenderness in the right wrist, along with limited range of motion [6]. Initial imaging studies, including ultrasound, revealed the presence of multiple rice bodies within the wrist bursa, confirming the diagnosis of rice-body bursitis [7]. Comprehensive laboratory tests, including inflammatory markers and cultures, were conducted to rule out underlying rheumatologic and infectious conditions, including tuberculosis, all of which returned negative. Following the diagnosis, the patient was treated conservatively with a corticosteroid injection into the bursa, combined with physical therapy. After two weeks, the patient reported a substantial reduction in pain and swelling, and improvement in wrist function was observed upon follow-up examination. Repeat imaging confirmed a decrease in the size and number of rice bodies.

This case highlights the occurrence of wrist rice-body bursitis in a patient without the common associations of rheumatism or tuberculosis, challenging conventional understanding of the condition [8]. Rice bodies are typically indicative of chronic inflammation and are often seen in patients with established autoimmune or infectious diseases [9]. However, this case illustrates that rice-body bursitis can

occur in isolation, suggesting that other factors, such as mechanical stress or idiopathic origins, may contribute to its development. The successful conservative management of this patient underscores the importance of individualized treatment approaches. While surgical intervention is sometimes necessary for persistent symptoms, in this case, corticosteroid injections and physical therapy proved effective. This report emphasizes the need for increased awareness of atypical presentations of rice-body bursitis, particularly in patients with no known risk factors [10]. Future research should focus on the pathophysiology of this condition in otherwise healthy individuals to better understand its etiology and optimal management strategies.

Conclusion

This case of wrist rice-body bursitis in a patient with no history of rheumatism or tuberculosis underscores the potential for atypical presentations of this condition. It highlights that rice bodies can occur in the absence of common underlying inflammatory or infectious diseases. The successful conservative management with corticosteroid injections and physical therapy emphasizes the importance of individualized treatment strategies. Clinicians should maintain a high index of suspicion for rice-body bursitis in patients presenting with unexplained wrist symptoms, even when typical risk factors are absent. Increased awareness and understanding of this condition can lead to timely diagnosis and effective management, ultimately improving patient outcomes. Further studies are needed to explore the pathophysiology and risk factors associated with rice-body bursitis in otherwise healthy individuals.

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Conflict of Interest

None

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