

中文題目：屈公病感染後引發的瀰漫性肌腱炎和腕隧道症候群

英文題目：Diffuse Tenosynovitis and Carpal Tunnel Syndrome Following Chikungunya Infection

作者：黃凱婧^{1,2,3}、賴寧生^{1,2,3}

服務單位：¹ 慈濟大學醫學系，² 佛教慈濟醫療財團法人大林慈濟醫院內科部，³ 佛教慈濟醫療財團法人大林慈濟醫院過敏免疫風濕科

A year-old woman presented to the rheumatology clinic with diffuse tenderness over extremities for the past two years. Patient is a housewife without needing heavy house chores, and was independent of daily activities, until recent two years, where her condition deteriorated rapidly and she became wheel-chair bound due to severe discomfort. She and her husband suffered from an episode of Chikungunya infection in End of December 2016, when she was playing golf in Indonesia. Short course of glucocorticoid treatment was given. Unfortunately, rapidly progressing bilateral hands numbness developed, where carpal tunnel syndrome was diagnosed over bilateral hands. Surgery was performed by orthopedic surgeon in Singapore. However, symptoms does not improved. She suffered from persistent diffuse tenderness over flexors and extensors area of upper and lower extremities. Local injection was performed by rheumatologist over her flexor area due to unbearable pain. Rheumatoid factor and Anti-citrullinated protein antibody were both negative. When she came to our clinic, diffuse tenosynovitis with hypertrophic change was noted through musculoskeletal ultrasound. There was no evidence of bone erosion. Diffuse Tenosynovitis following Chingunya infection was highly impressed. Patient's condition improved dramatically after glucocorticoid and disease modifying anti-rheumatic drug (methotrexate and sulfasalazine).