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

Department of Orthopaedic Surgery, Kobe Rosai Hospital, Japan

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 c@æckl/cc/æ/å&@ælæ&c^lieci&A li&c&A \_ ic@i}Ac@^A à 'eækl0}iciækl&[}&\] • A - [IA ` ] å^+|îa] \* Ai } 'æ { { @c[1^A [IAB}-^&ci] \* Ai ] \* Ai } 'eækl0}ici@A à ` |•ækl0]ici@A à ` |•akl0]ici@A à ` |•ækl0]ici@A à ` |•akl0]ici@A à `

processes were addressed through comprehensive diagnostic testing, which ruled oun TJ0 Tw 0 -12 TD(inderlying conditions.) JETQ 0 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 inammation and

are oen seen in patients with established autoimmune or infectious

diseases  $\ensuremath{\boldsymbol{\beta}}$  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. e 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 e ective.

is 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

is 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 in ammatory or infectious diseases. e 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 e ective 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.

€GĚU&dĚG€G IĚÁ Tæ} \* •&li] d Þ [KÅ & I-æĚG IĚF Í FGF€LÅ 04-U&dĚG€G IĚÁ Ú!^Å ÛÔÅ Þ [KÅ & I-æĚG IĚF Í FGF€Å ¢ÚÛDÅ FÎĚU&dĒG€G IĚÅ ÛÔÅ Þ [KÅ & I-æĚG IĚF Í FGF€LÅ Å GHĚU&dĒG€G IĚÅ Tæ} \* •&li] d Þ [KÅ & I-æĚG IĚF Í FGF€Å ¢ÜDLÅ H€ĚU&dĒG€G IĚÅÖU%ÄF€Ě I FĨ GRGHGJĒJF€ÝĚF€€€Í Ì F

Bashir A ¢G€G I bkŒc^ ] ៛&ælÅÔæ•^Å[-ÅY }!₅•kÜå&^ÉÓ [ å ^ÅÓ ` ;•ixi•½} &@^&Eà•^}&^Å [-ÅÜ@^` { æxi• { Åæ}åÅV `à^!&`|[ •i•ĖÅÔ]i}ÅÜ^•ÅØ[ [ ckŒ} \ \^ÉÅFGkÅ[ Ì FĖ

© 2024 Bashir A. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Bashir Albeit, Department of Orthopaedic Surgery, Kobe Rosai Hospital, Japan, E-mail: bashir.ba@albeit.com

Bashir A (2024) Atypical Case of Wrist Rice-Body Bursitis in the Absence of Rheumatism and Tuberculosis. Clin Res Foot Ankle, 12: 581.