

(A Health Awareness Initiative)

NEURO NEWSLINE

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SPINE TUBERCULOSIS.....a treatment protocol !

Tuberculosis is one of the most common diseases that affects the spine. Though it is quite common in the eastern part of the globe, it is prevalent in the Western hemisphere too. It's incidence is high among the people who are poorly nourished, living in a crowded area or in a subnormal living condition. It also affects the immunocompromised, elderly and the diabetic population.

The first documented case of spine tuberculosis dates back to 3000 years old Egyptian mummies. However, the first case was described in the modern era by a British surgeon by name Percival Pott in the year 1779. And therefore spine Tuberculosis (TB) is also called as the Pott's disease. Though spinal involvement with tuberculosis is less than 1% of patients who are diagnosed to have TB, it can pose as a major problem producing neurological deficits and spinal deformities. The lower thoracic and upper lumbar vertebrae are the most commonly affected spinal region, though it affects the cervical spine and craniovertebral (CV) junction as well.

Pott's disease (Spine TB) usually results from the spread of tuberculous bacillus from other

parts of the body through bloodstream (hematogenous route). The infection reaches the edges of the vertebral bodies and spreads to the adjacent disc as well. If left untreated, the disease leads to destruction of the vertebral body and ultimately deformity and paralysis. Neurological deficits develop in 10 to 47 % of patients who have a

braces and collar. Despite the use of antituberculous drugs in proper doses & schedule, 10 % of the patients will need surgery to drain a tuberculous abscess (psoas abscess), debridement of the epidural granulation compressing the spinal cord and corpectomy (removal of the diseased vertebral body) with spinal stabilisation (fusion) using Titanium implants.



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DIAGNOSIS AND TREATMENT

The blood test will show an elevated ESR (Erythrocyte Sedimentation Rate) with increase in the WBC counts. A positive Tuberculin skin test in 90 % of the patients are seen with Pott's disease. Computed tomography (CT) spine, Bone scan and MRI can pick up early diseases affecting the spinal column. Most of these patients can be treated with antituberculous (ATT) drugs along with analgesics and various immobilisation methods using

PROGNOSIS

Early diagnosis and adequate medical treatment with ATT for all patients with spine tuberculosis is a MUST ! Patients must comply with the treatment protocol sincerely without skipping drugs especially when the spine is involved. In patients where there is poor response to conservative management, those with progressive neurological deficits and spine deformities should seek neurosurgical intervention at the earliest for good outcome.



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