

## **Management Of Spinal Tuberculosis: A Decade Of Experience In University Kebangsaan Malaysia Medical Centre**

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### **INTRODUCTION:**

The incidence of tuberculosis remains high despite multiple measures taken. Pott's disease not only becomes a burden to the particular individual patient, but to the community as a whole in terms of healthcare and economy. Despite the devastation that may be caused by spinal tuberculosis, national level study and data regarding management is disappointingly scarce.

### **METHODS:**

A retrospective study of patients with spinal TB over a 10-year period in Pusat Perubatan Universiti Kebangsaan Malaysia (PPUKM) was conducted. Demographic data, clinical features, underlying diseases, laboratory results, imaging findings, therapy, treatment given and outcomes were analysed.

### **RESULTS:**

Seventy seven confirmed spinal tuberculosis patients were included and analysed. The mean age was 43.9 years with more female than male. The most common presenting symptoms were backache and neurological deficits. The most common vertebral area involved was thoracic spine (53.2%) with most have 2 or more vertebra involved. Surgery was carried out on 21 patients (27.3%). All patients received a minimum mandatory 6 months anti-tuberculosis chemotherapy. There was significant improvement in terms of kyphosis deformity correction for patients who had surgery done ( $p < 0.01$ ). there was significant improvement in functional outcome at 2 years follow up for all patients, either treated surgically or with chemotherapy alone ( $P < 0.001$ ).

### **CONCLUSION:**

Working age patient complaining of back pain should be screened for spinal tuberculosis especially in patients with compromised immune status. Chemotherapy prescribed in line with current guidelines is the pillar of

therapy and is started as soon as clinical and screening investigations are positive. It is also proven that an anterior and posterior construct surgery has significantly reduced kyphotic angle compared to posterior only construct and chemotherapy alone regime. Functional outcome is good after 2 years of follow up for all patients. Adoption of the 'middle path regime' is the best approach in management of spinal tuberculosis as surgery remains indicated for debridement, draining of abscess, decompression in neurological complicated patients and to halt or correct kyphotic deformity. Surgery is not indicated for patients with mild form of presentation and has no deterioration of disease after commencement of anti-tuberculosis medication. This principle follows the currently accepted management worldwide.

### **REFERENCES:**

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