

In Reply: Paralysis Developing as a Paradoxical Response During the Treatment for Tuberculous Spondylitis

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We appreciate your valuable comments. At the time of diagnosis, the orthopedic surgeon recommended an operation (anterior debridement and fusion) for the patient with vertebral collapse [1]. However, the patient refused the surgery and wanted to receive conservative treatment.

Kotil et al. [2] reported that 44 patients with tuberculous spondylitis were managed conservatively with anti-tuberculous medication and spinal orthosis. Exclusion criteria were major motor deficit, deteriorating neurologic function, or spinal deformity greater than 30° at the affected level of spine. Forty-two patients (95.4%) were treated well without any progression of the spinal deformity. Consequently, the authors suggested indications for surgery in tuberculous spondylitis with the following conditions: 1) gross neurologic impairment and instability or deformity, 2) treatment failure, 3) neurologic deterioration, 4) paradoxical response, or 5) intolerance to anti-tuberculous medication.

Additionally, Zhang et al. [3] suggested that there was no significant difference in the outcomes between the

anti-tuberculous medication plus surgery and the medication alone, in a meta-analysis. However, there have been only two randomized controlled trials (331 patients) which were conducted in the 1970s and 1980s. Thus, a large, well-conducted, randomized controlled trial is needed to conclude the indications for surgery in tuberculous spondylitis.

Therefore, conservative treatment including anti-tuberculous medication and rigid thoracolumbosacral orthosis (TLSO) was chosen for the patient.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

REFERENCES

1. Oguz E, Sehirlioglu A, Altinmakas M, Ozturk C, Kocmurcu M, Solakoglu C, et al. A new classification and guide for surgical treatment of spinal tuberculosis. *Int Orthop* 2008;32:127-33.
2. Kotil K, Alan MS, Bilge T. Medical management of Pott disease in the thoracic and lumbar spine: a prospective clinical study. *J Neurosurg Spine* 2007;6:222-8.
3. Zhang X, Ji J, Liu B. Management of spinal tuberculosis: a systematic review and meta-analysis. *J Int Med Res* 2013;41:1395-407.

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