Letter to the Editor

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Paralysis Developing as a Paradoxical Response During Treatment for Tuberculous Spondylitis

Safak Ekinci, MD[1], Faruk Akyildiz, MD[2], Yavuz Poyrazoglu, MD[3], Samet Verim, MD[4]

[1]Department of Orthopaedic Surgery, Agri Military Hospital, Agri; [2]Department of Orthopaedic Surgery, Malatya Military Hospital, Malatya; [3]Department of General Surgery, Mevki Military Hospital, Ankara; [4]Department of Radiology, Gulhane Military Hospital, Ankara, Turkey

Dear Editor

We read with great interest the published article by Park et al. [1] entitled "*Paralysis Developing as a Paradoxical Response During the Treatment for Tuberculous Spondylitis: A Case Report*". The authors report the case of a 69-year-old woman who experienced bilateral lower extremity paralysis secondary to a paradoxical response. We think several more points should be discussed concerning therapy.

Spinal tuberculosis is the most common and the worst form of tuberculosis lesions in the skeleton [2-4]. If the lesion is limited to the vertebrae and there are no complications, triple-drug anti-tuberculous chemotherapy can be the main therapy to treat tuberculosis [5]. However, with proper indications, surgical procedures are superior in the prevention of neurological deterioration, maintenance of stability and early recovery [3-6].

Oguz et al. [4] reported on 76 cases with spinal tuberculosis between 1989 to 2002 without any neurological deterioration that all featured eventual excellent recovery. As a result, these authors developed a effective classification system abbreviated GATA (Gulhane Askeri Tip Akademisi). This new classification system has been using as a practical guide in the treatment of Pott disease.

In the case that was presented in the article, despite the initiation of medical treatment, deterioration in the clinical status of the patient was observed. However, when we examined the MRI in Fig. 1, we noted vertebral collapse and abcess formation, which is type II in the GATA classification system. Type II treatment is anterior debridement and fusion.

As a result, we believe that if surgical intervention is made at the time of diagnosis (early stage), the patient will heal more quickly without any neurological deterioration.

CONFLICT OF INTEREST

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

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Corresponding author: Safak Ekinci
Department of Orthopaedic Surgery, Agri Military Hospital, Agri, Turkey
Tel: +90-5327339850, Fax: +90-4722152747, E-mail: safakekinci@yahoo.com

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