

Noncontiguous Multiple Spinal Tuberculosis

Sim Sai Tin¹, Viroj Wiwanitkit²

¹Medical Science, Medical Center, Shantou, China, ²Visiting Professor, Hainan Medical University, China

Dear Editor, we would like to discuss on the publication on “noncontiguous multiple spinal tuberculosis¹⁾.” Kim et al. noted that “the disease should be considered in differential diagnosis along with other diseases such as metastatic neoplasm, pyogenic spondylitis, especially when the radiologic studies are revealing multiple spinal lesions¹⁾” As noted by Kim, “multi-level noncontiguous, remote vertebral tuberculosis” is not common and sometimes difficult to diagnose. To diagnose the case, the microbiological diagnosis is sometimes not available and presumptive diagnosis is used²⁾. The use of antituberculosis drug is needed and surgery might be used in cases with “large abscess formation, severe kyphosis, an evolving neurological deficit, or lack of response to medical treatment³⁾.” The challenge in the case with noncontiguous multiple spinal tuberculosis is the multiple level surgery. Based on the experience reported from Taiwan of China, it is noted that “decompression at all lesion levels” should be used in a patient with multiple-level compression symptom⁴⁾.

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Corresponding Author: **Sim Sai Tin**, MD

Medical Center, Shantou, China

Tel: +866624132436, Fax: +866624132436

E-mail: simsaitin@gmail.com

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