

Spinal tuberculosis in children: Retrospective analysis of 124 patients

Sir,

We read with interest the article on spinal tuberculosis in children by Myung-Song Moon *et al.*¹ The authors have done excellent work on addressing such a vital infectious health problem of osteoarticular system of children, especially in developing countries. We point out here a few issues in the article which need better exploration. These are as follows:

1. The exact diagnostic criteria used to diagnose children with spinal tuberculosis in the study were not mentioned as the study period was 30 years and there had been changes in the diagnostic criteria used for tuberculosis over the period with advent of modern diagnostic facilities. The authors could have mentioned the criteria in each decade of the study for better insight. Furthermore, the number of children with definitely diagnosed spinal tuberculosis based on the histology and bacteriological studies on surgically treated children were missing, so was the percentage of children diagnosed with spinal tuberculosis indirectly on the basis of aspirate, culture and sensitivity, cytology, and drug response.
2. Lack of clear reasons for conservatively treating 14 out of 18 paraplegic children with spinal tuberculosis in the study. Similarly the number of children who had presented with worsening respiratory distress due to huge abscess compressing the trachea and/or involving cervical above the level C4.
3. The authors state that nonoperative and operative treatments would result in similar drug response, spontaneous intercorporal fusion, residual kyphosis, and neurological recovery at the end of treatment, which we suggest to approach with caution. The study would have been more meaningful if authors had compared different antitubercular regimens in terms of duration, viz. short term (6 months) versus long term (9–12 months).^{2,3} The reason for not using directly observed treatment (DOTS) antitubercular chemotherapy in the children who were diagnosed as spinal tuberculosis in the last one decade of the study period, as recommended by WHO in its guidelines for pulmonary and extrapulmonary tuberculosis including skeletal tuberculosis from 1995 onward, is unclear. We believe incorporating DOTS therapy in the study would have enhanced the significance.³

The absence of adverse drug reactions of antitubercular

drugs in the study was intriguing, so was the absence of multidrug resistant tuberculosis.⁴ We assume it was a coincidental finding.

4. We request the authors to use the flowchart for treatment model suggested in the article, which might help to improve treatment outcomes and reduce complications and sequelae in the children with spinal tuberculosis.

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