

Tuberculosis

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It is estimated that 268,000 Pakistanis developed (T.B) last year¹. Approximately 26% of deaths from treatable causes among adults in Pakistan are due to T.B. Since most of these cases are under 45 years of age², the socio-economic impact of the illness is substantial. Of the 20 million cases of T.B. worldwide, 2 million are in Pakistan. This implicates great responsibilities on doctors of every specialty as no system is immune from this killer. One third of the world's population is already infected with T.B. bacilli. Left untreated, one person with T.B. will infect 15-20 people during one year. What can be done to limit this epidemic? Prevention is better than cure. In the case of T.B, curing contiguous case is the way to prevent the spread. The aim of Tuberculosis control is to sever the transmission of Tubercle bacilli from host to host³. We need to educate ourselves, our patients and public at large. Education of our fellow physicians to insist upon scientific basis of diagnosis, preferably microbiologic diagnosis before embarking upon 6-8 months of expensive therapy is imperative. Sputum AFB Smear should be the corner-stone of diagnosis of pulmonary T. B. In our country, Pulmonary Tuberculosis is so common that anyone with cough for over 3 weeks should be investigated for this disease.

Every clinician involved in the management of the patients with Tuberculosis must have a weighing scale in his clinic. Each patient's weight must be documented before initiation of therapy. The regimen should include all four drugs for first two months of therapy. Pyrazinamide and all other medications should be given as a single dose on empty stomach, preferably using DOTS strategy (Directly Observed Therapy, Short Course, by a trained health care worker). Every patient must be closely followed till completion of the therapy. Mistakes that are being made by us in writing prescriptions must be rectified. We are fortunate to have several dedicated institutes of Chest diseases. City of Karachi alone, with a number of medical colleges, offers unparalleled opportunity for all of us to educate ourselves. Specialists at these institutions are quite willing to assist on phone and in person in the management of complicated patients with TB. Multi-drug resistant T.B. should only be managed by specialists of this field. It is hoped that the 21st century will bring good news about the control of T.B. at governmental and private levels.

References

1. World Health Organization website.
2. National guidelines for Tuberculosis Control in Pakistan, Directorate of Tuberculosis Control, Islamabad, Federal Ministry of Health, 1995.
3. Pathan A.J, Ilyas M. Jan's treatise on epidemiology and Control of Tuberculosis, Time Traders, Urdu Bazar, Karachi, Pakistan, 1988, p. 28.