

BONE TUBERCULOSIS IN ABBOTTALBJW

Pages with reference to book, From 180 To 181

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ABSTRACT

Eighty patients of bone and joint tuberculosis were diagnosed and treated at DHQ Teaching Hospital, Abbottabad from August, 1987 to December, 1990. Majority of them were children and young adults. There were more females (57.5%) than males (42.5%). A major fraction of the cases were Afghan refugees. Most of the patients were malnourished and belonged to low socioeconomic class (JPMA 42: 180, 1992).

Tuberculosis in Pakistan occurs early in life and figures as high as 71% and 68% in 15-19 year age group have been reported with the overall infected population being 60% and 54% respectively¹. The problem has been further aggravated after the influx of Afghan refugees since 1980.

PATIENTS, METHODS AND RESULTS

Eighty patients presenting with bones and joints infections were admitted and investigated at District Headquarter Teaching Hospital, Abbottabad from August, 1987 to December, 1990.. Relevant history included age, sex, occupation, immunisation status, history of contact, residential address with special consideration to the home district. Afghan refugees were listed separately. Patients were examined clinically and radiologically which included x-ray of the involved part and x-ray of the chest. IVU and tomography were also done when indicated. Laboratory investigations included complete blood picture with ESR, tuberculin skin test, urine examination for tubercle bacilli, aspiration of the lesion for isolation and culture of APB and sputum examination for AEB and culture. Most of the cases were confirmed on histological examination of the biopsy. Treatment consisted of standard three drugs regimen with rifampicin, INH and pyrazinamide combined in appropriate cases with surgical debridement or excision. There were 46 females (57.5%) and 34 males (42.5%) with an equal number of cases in age groups 0-20 years and 2 1-40 years (Table I).

TABLE I. Age and sex distribution of skeletal tuberculosis in Hazara.

Age group	Sex				Total	
	Male		Female		Nos.	(%)
	Nos.	(%)	Nos.	(%)	Nos.	(%)
0-20	17	(21.2)	12	(15.0)	29	(36.2)
21-40	10	(12.5)	19	(23.7)	29	(36.2)
41-60	7	(8.7)	13	(16.2)	20	(25.0)
61+	0	(0.0)	2	(2.5)	2	(2.5)
Total	34	(42.5)	46	(57.5)	80	(100)

The spine was involved in most cases (21.25%) with the knee joint (15%), hip joint (11.25%) and elbow

joint (10%) following (Table II).

TABLE II. Site of major lesions.

Site	Male		Female		Total	
	Nos	(%)	Nos.	(%)	No.	(%)
Bone						
Vertebrae	6	(7.5)	11	(13.7)	17	(21.2)
Other bones	10	(12.5)	14	(17.5)	24	(30.0)
Joints						
Knee	8	(10.0)	4	(5.0)	12	(15.0)
Hip	5	(6.2)	4	(5.0)	9	(11.2)
Ankle	2	(2.5)	3	(3.7)	5	(6.2)
Elbow	1	(1.2)	7	(8.7)	8	(10.0)
Wrist	1	(1.2)	2	(2.5)	3	(3.7)
Sacro iliac	1	(1.2)	1	(1.2)	2	(2.5)
Total	34		46		80	

Almost half (8 cases) of the patients with spinal tuberculosis presented with paraplegia, all of whom except one improved with surgical intervention. In 29 (36.25%) patients there was accompanying pulmonary or renal tuberculosis. One young girl of 18 years had multifocal lesions involving the ankle and spine. The distribution according to the various districts is shown in Table III.

TABLE III. Geographical distribution of bone and joint tuberculosis in Hazara Division.

Area	Number of cases	Percentage
Abbottabad	18	22.5
Manselhra	22	27.5
Kohistan	13	16.2
Afghan refugees	23	28.7
Others	4	5.0
Total	80	100

The maximum number of patients were Afghan refugees.

COMMENTS

The aim of treatment in joint diseases is to eradicate the pathology and preserve functions. With regard to joints this would mean a reasonable range of painless motion and good stability². In this study chemotherapy cured 65% of patients while 35% failed to respond adequately. Progressive bone

destruction occurred and relapse followed after stopping the drugs. The lesion in some of these patients were a vascular and contained much caseous material or sequestra. In 9 cases the organism were resistant to the drugs used. Hence 32 patients needed surgery in addition to chemotherapy. Wilkinson has shown the value of combining surgery with chemotherapy in selected patients³.

REFERENCES

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