

A CASE OF NEAR MISS SPINAL TUBERCULOSIS

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Introduction: Spinal tuberculosis is associated with poor morbidity and is one of the most common form of extrapulmonary tuberculosis. It accounts for 51% of the cases of musculoskeletal tuberculosis. Due to vague clinical manifestation, it is often missed and patients present with advanced symptoms such as spinal deformity and neurological deficit.

Discussion: A 6 year old girl with no known medical illness presented with cough, loss of appetite and loss of weight for 1 week. She denies fever, night sweat or tuberculosis contact. Investigations noted chest x-ray showed nodular opacities in both lungs with raised erythrocyte sedimentation rate and positive tuberculin test but sputum acid fast bacillus were negative. She was treated as smear negative pulmonary tuberculosis and started on anti-tuberculosis medication. On day 64 of tuberculosis treatment noted she had worsening kyphosis but no neurological deficit or spine tenderness. X-ray of the spine showed collapsed thoracic vertebrae at T6 and T7 with irregular anterior vertebrae margin. We proceeded with magnetic resonance imaging (MRI) spine and noted multiple vertebrae body lesions predominantly at anterior column associated with enhancing adjacent pre and para vertebrae thickening, gibbus deformity, collapse of T6 and T7 vertebrae. She was treated as spinal tuberculosis and prescribed anti tuberculosis drug for 1 year. There are no plans for surgical intervention.

Conclusion: Diagnosing tuberculosis of the spine is challenging with an average of 41% of spinal tuberculosis misdiagnosed or missed. A high index of suspicion is needed in children so treatment can be started promptly to prevent permanent neurology deficit and spine deformation.