

Letter to the Editor

Surgical treatment of tuberculous spondylodiscitis

Dear Editor,

We have read with great interest the published article by Pola E. entitled "Surgical treatment of tuberculous spondylodiscitis"¹. At this paper, the authors said "In patients with no vertebral instability and deformity, conservative management is preferable; in those who have abscess formation, invasive radiological techniques in combination with abscess drainage and chemotherapy are recommended." and "Chemotherapy alone is suitable for cases that are in the early stages of the disease, without myelopathy, and without demonstrable radiological instability or significant compression of the spinal cord." in conclusion section¹.

However, we think that some more points should be discussed on therapy planning.

Some scientists reported paradoxical responses are defined as worsening of existing symptoms or the appearance of new lesions in patients who initially responded well to antituberculous therapy^{2,3}.

If spinal lesion is limited in the vertebrae and if there are not any complications, triple-drug antituberculous chemotherapy can play a main role to treat tuberculosis⁴. However, with proper indications, surgical procedures are superior in the prevention of neurological deterioration, maintenance of stability and early recovery^{5,6}.

Oguz et al⁷ reported total 76 cases with spinal tuberculosis have excellent recovery develops without any neurological deterioration. As a result, they developed an effective classification system named GATA. This classification system is based on seven clinical and radiological criteria (abscess formation, vertebral collapse, disc degeneration, sagittal index, kyphosis, instability and neurological problems). At this system, spinal tuberculosis is divided into three types (Type I A/B, Type II and Type III) by using as this criteria and it also recommends specific therapeutic techniques for each type. In this system, they recommended surgery for Type I B (abscess formation, one or two level disc degeneration, no collapse, no neurologic deficit), Type II and Type III patients with or without neurological deficit.

They emphasized if there is a cold abscess, only antibiotic-analgesic therapy cannot prevent the extensive destruction of vertebral bone and disc material⁷⁻⁹. After cold abscess and two-level disc degeneration, immediate drainage along with medical therapy can protect the patient from vertebral collapse⁷.

We believe that this classification system should be considered as a practical guide for spinal tuberculosis treatment planning in all countries.

Conflict of Interest

The Authors declare that there are no conflicts of interest.

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