TUBERCULOSIS OF THE SPINE

From MR ROBERT ROAF, LIVERPOOL, ENGLAND

To the Editor,
Journal of Bone and Joint Surgery.

DEAR SIR,

We are indebted to Dr Dobson for a comprehensive analysis of the results we can expect from the best conservative treatment of tuberculosis of the spine. It is because Dr Dobson's figures and opinions will carry great weight throughout the world that I venture to indicate a number of points on which one could legitimately disagree with his conclusions.

Firstly, he does not stress sufficiently the serious nature of spinal caries. In his summary he says that the mortality was 18·7 per cent, but this is the mortality during treatment. At the three-year follow-up the mortality was at least 27 per cent (155 out of 569—assuming the 103 cases untraced were unselected) and possibly 38 per cent (256 out of 672 if all the untraced patients were dead). These figures include children and adults; there are reasons for believing that the five-year mortality in adults is higher still, especially in thoracic lesions.

I also feel that Dr Dobson underestimates the evil effects of abscess formation—surely the mediastinal abscess is a frequent cause of both reactivation and of spread to other vertebrae, and it should be treated strenuously by open drainage and removal of necrotic tissue; aspiration alone is inadequate. The presence of an abscess is one important cause of failure of spinal-fusion operations; either fusion fails to occur or the disease recurs at the same or a different level. This is important in the prevention of late onset paraplegia, and I am sorry that Dr Dobson does not differentiate early and late onset paraplegias as the two types differ in so many important respects. Late onset paraplegia is unlikely to occur if there is sound healing, bony fusion and slight deformity; a well-timed spinal graft will usually lead to this desirable condition. In failing to consider both the timing of the fusion operation and the presence or absence of an abscess, I feel that Dr Dobson has hardly been fair to operative treatment.

My reason for writing this letter is not to criticise or belittle Dr Dobson's work, for which I have a great respect. It is because I fear that the weight of his authority may lead orthopaedic surgeons to accept his opinions both on prognosis and treatment as fixed and permanent, and they may fail to recognise that operative interference has a place as an aid to conservative treatment in cases of tuberculosis of the spine.

Yours truly,

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ROBERT ROAF.