The pharmacological therapy for treating spinal tuberculosis is standardized,[1] instead the surgical treatment still presents several approaches with different techniques. Recently the “Operation Hong Kong”[2] tried to create a standardization in order to treat spinal tuberculosis like an unique disease. However, it is difficult to decide a surgical technique considering it better than another without taking into account that this disease has an own evolution and can be diagnosed in several stages with associated characteristics. In the acute stages of invasion of vertebral cancellous bone, with normal disc height and limited abscesses still liquids, may be adopted minimally invasive surgical techniques;[1] during chronic phase with vertebral collapse and loss of the disks, which causes a severe kyphosis, instability and neurological involvement, anterior or posterior approaches[3] or combined[2] for debridement and circumferential arthrodesis are necessary. Different surgical techniques have different outcomes that must be considered at the time of surgical decision. Minimally invasive percutaneous approach cannot replace the traditional open approach; it is valid in the early stages of the disease before anatomical changes like vertebral bone resorption, that causes severe focal kyphosis, or big cold abscesses are shown and it allows a faster functional recovery.[4] It is of paramount importance that the treatment is started as early as possible. The early diagnosis is therefore a very important aspect and the introduction of a system with MRI can make it possible to recognize the early disease.[9] In addition, the repeat MRI at close distances allows to identify the different stages of the disease: Paravertebral abscesses characteristic or progressive discal and vertebral involvement.[6] Spinal tuberculosis is a secondary localization of pulmonary tuberculosis and should be considered as a metastasis. So the patients being diagnosed pulmonary tuberculosis or persons with multiple exposures to mycobacteria whose have a strong suspicion that they may have contracted the disease, must be analyzed for any second vertebral locations before they submit the symptoms. The alterations that can be identified by MRI (T1 hypo intense, T2 hyper intense, Disc involvement, Epiphyseal involvement, pedicle involvement, Anterior subligamentous extension, Paraspinal extension, No involvement of spinous process) can give a correct orientation to begin early treatment,[6] like minimally invasive surgery with the least morbidity and better outcome.[1,3,4]

Stefano Rigotti, Claudio Zorzi
Ortopedia e Traumatologia Ospedale Sacro Cuore
Negrar Verona, Italy

Address for Correspondence:
Dr. Stefano Rigotti,
Ortopedia e Traumatologia Ospedale Sacro Cuore Negrar Verona, Italy.
E-mail: stefano.rigotti@sacrocuore.it

References