

Bones and Joints Tuberculosis

Haider Abdul-Lateef Mousa MB ChB, MSc*

Tuberculosis appears to be increasing throughout the world after years of continuous decline, despite the introduction of effective chemotherapy. This resurgence is related to the increasing number of patients immunocompromised by chemotherapeutic agents used to treat other diseases or AIDS; the appearance of multiple drug-resistant strains of tuberculosis, and aging population. Several species of mycobacteria other than *Mycobacterium tuberculosis* or *M. bovis* are known to cause infections of bones and joints. The predisposing factors are malnutrition, environmental conditions and poor living standards. Musculoskeletal tuberculosis arises from haematogenous seeding of the bacilli soon after the initial pulmonary infection. The clinical symptoms are insidious onset, pain, swelling of the joint and limited range of movements. Investigations for suspected cases include: Mantoux test, radiological imaging, fine needle aspiration biopsy, surgical biopsy, bacteriological examination, histopathological examination, and polymerase chain reaction (PCR) of a suitable specimen. The mainstay of treatment is multidrug antitubercular chemotherapy. Surgical intervention is indicated in patients with abscess formation, intractable pain, neurological deficit, spine instability, kyphosis, and unsatisfactory response to chemotherapy. The main reason for poor outcome is delayed diagnosis.