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Letter to the Editor

The Diagnosing of Tuberculosis Requires the Detection of Mycobacterium Tuberculosis in Affected Tissues

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Letter to the Editor

We read with interest the article by Limaiem *et al*. about a 36-year-old woman with one year of neck pain and paresthesia in both upper and left lower extremities, which was attributed to tuberculous osteomyelitis with destruction of the C1/C2 joint, diastasis, narrowing of the craniocervical junction, and compression of the spinal cord [1]. The patient benefited from emergency posterior decompression and occipito-cervical fusion [1]. The study is interesting but requires further discussion.

The first point is that the diagnosis of tuberculosis (TB) has not been confirmed by a tuberculin skin test, a Quantiferon test, a culture of Mycobacterium tuberculosis, or a polymerase chain reaction (PCR). Langerhans cells can be found not only in tuberculous granulomas, but also in Langerhans cell histiocytosis, which includes diseases such as eosinophilic granuloma, Hand-Schüller-Christian disease, Letterer-Siwe disease, Erdheim-Chester disease, and juvenile xanthogranuloma [2]. Langerhans cells are also found in malignant cutaneous and mucocutaneous histiocytosis, Rosai-Dorfman disease (sinus histiocytosis with massive lymphadenopathy), hemophagocytic lymphohistiocytosis, and macrophage activation syndrome [3]. These differential diagnoses must be ruled out before diagnosing tuberculous spondylodiscitis. We should also know whether TB has occurred in the family, relatives, work colleagues, or friends, and whether the index patient suffered from pulmonary tuberculosis. What was the portal of entry for Mycobacterium tuberculosis? The exact diagnosis is crucial, as the treatment of these diseases varies greatly. Knowing whether or not it was TB also has implications for all individuals who had close contact with the index patient. They should be screened regularly for TB if it was indeed TB that caused the osteomyelitis.

The second point is that it is incomprehensible why it took a year for the patient to see a neurosurgeon [1]. When did the patient first consult a doctor about her neck pain? Since a tumor was also palpable, alarm bells must have been ringing for the patient or her relatives long before she saw the neurosurgeons. What tests were performed before the current diagnosis was made? Why was the cervical MRI not performed earlier than after a year?

The third point is that antibiotic treatment for TB was not reported [1]. What antibiotics did the patient receive and how long did she take them? Who else in her environment had to take antituberculosis drugs? Was the TB eradicated with this treatment or did it recur?

The fourth point is that no long-term results were presented [1]. Did the paresthesia disappear completely after the operation and did the neck pain subside completely after the operation? Did the patient experience any postoperative complications?

In summary, TB should only be diagnosed after detection of Mycobacterium tuberculosis. Diagnosing TB based on histology alone can lead to false positive results and fail to correctly identify the disease.

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