

LETTER TO THE EDITOR

A Clinical Study on Extra-pulmonary Tuberculosis

MM Karim et al recently reported a clinical study on extra-pulmonary tuberculosis (*J BCPS Vol. 24*, No. 1, January 2006 issue) to identify the various presentations of extra-pulmonary tuberculosis, is an impressive display of extra-pulmonary tuberculosis in our country although the authors have not described a few important presentations like tuberculous meningitis, other CNS tuberculosis; tuberculous pericarditis; and genito-urinary tuberculosis which are not uncommon. From our own experience we have treated 13 cases of CNS tuberculosis in one medical unit of Dhaka Medical College Hospital in 2005.

There are some other pitfalls of this study that need to be mentioned. *First*, some objectives of this study was to see the response of first line anti-TB drugs and also to evaluate problems related to patient management but in this paper the authors have not showed any table or data in support of this. *Second*, to identify problems related to patient management is not an appropriate objective. *Third*, case selection procedure may be biased, so the cases described here may not show any complete picture. *Fourth*, method of sample size collection was not described. *Fifth*, statistical method and software used for data analysis was not mentioned.

So finally we would like to say that this paper should be regarded as a case series from a reported unit rather than a study on extra-pulmonary tuberculosis.

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AUTHORS' REPLY

We do appreciate to receive a letter from one of our reader of this Journal regarding the article on "A Clinical Study on Extra Pulmonary Tuberculosis". We would like to response in the following manner:

We mentioned that the study was a 'Cross-Sectional' one and that the patients presented with features of extra

pulmonary tuberculosis (confirmed bacteriologically or histopathologically) in any of the three surgical units of Chittagong Medical College Hospital, Chittagong. So, the study was limited by place and time like other scientific study. Due to selection of the cases from surgical units there was little or no scope of getting tuberculous meningitis and tuberculous pericarditis. It would be nice to include all cases of extra pulmonary tuberculosis. But it was unlikely to full fill the inclusion criteria (bacteriological or histopathological confirmation) with these two types of extra pulmonary tuberculosis.

We encountered two cases of testicular tuberculosis which was tabulated in the article but we did not found any other urinary tuberculosis during the study period. All patients among the follow up group responded to 1st line or 2nd line anti tuberculous chemotherapy which was mentioned. It was also pointed out that various problems related to patient management like- problems in diagnosis specially breast TB and more so in pregnant lady, long duration to get culture and sensitivity report, non compliance to multi drugs and long duration of therapy, fear of patients about TB, intake of improper dosage of drugs, inability to buy costly drugs, unavailability of free drugs from health complex, loss from follow up, repeated collection of abscess after effective aspiration (where not drained), persistent of enlarged lymph node after 1 year of therapy, hepatotoxicity in two cases and optic neuropathy in one etc. Standard method of sample size and collection was followed in this study and here sample size was 80. We used 'SPSS' software for one of the table.

All information of this study were collected prospectively in a planned way in a case record form.

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