DIAGNOSTIC AND THERAPEUTIC ASPECTS OF CHILDHOOD TUBERCULOUS SPONDYLITIS(TBS) AND ITS DIFFERENTIALS WITH RELEVANCE TO INTERVENTIONS FOR ANGULAR KYPHOSIS/ABNORMAL NEUROLOGY

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Background/purpose: TBS-typically commences, -anterior to the disk-in central defects.It spreads along Batsons venous plexus.whereas paradiscal pathologies spreads arterially.Childhood extensive meshworked vertebral arteries offers enhanced protection causing more caseous- exudative-suppurative than granulomatous lesions.Being more insidious than its differentials such as Pyogenic Spondylitis(PS)-mycotic infections-sarcoidosis-malignancies-CRMO, radicular-cauda lesions with vertebral sparing occurs occasionally.Compensation for kyphosis is efficient and initially indiscernible. Previously,cases were underestimated-unreported-undiagnosed -misdiagnosed-This paper reiterates the relevant aspects of childhoodTBS.

Methods-setting-cases-interventions:

Analysis of observationally-prospectively acquired data of interest on the basis of compatible demographics -

historical-clinical-biological-pathological-radiological -interventional details.

Results: 28 cases were analysed-18 males/Under fives(n=10)/TBCcontact(n=14)/ Ingested raw cows milk(n= 15) /Febrile-responses(n=10)/Had a BCG scar.(n= 12)Respiratory symptoms (n=4)/Pallor (n=3)Weight loss (n=2)

Isolated-back swelling(n=15)Back- swelling/ ambulatory difficulties(n=5)/TBS/Frankel-GradeA(n=3)TBS/Frankel-Grade B (n=4)/TBS/Frankel-GradeC(n=6)/Back aches(n=5)// Insomnia(n=2)/Dizziness(n=1)Numbness/ parasthesia(n= 2)/Difficulties with picking objects (n= 6)Abnormal gait (n=4)/frequent falls (n=7)/ Restricted spinal motion/(n=12)/Lateral/backward body curvatures(n=4)/

Other-accompanying- features- were- Hypotension/ PLN-hepatosplenomegaly/ Extra-Spondylopathic-polyarthropathy/Regional-Spinal-Tenderness/ Gibbus/Sensory- loss /extrapyramidal-signs/ Sustained-ankle-clonus/Hyperreflexia-hypertonia/>hyporeflexia-hypotonia/Neurogenic bladder/Associated-Radiological-features-were multifocal-lobar-opacifications-consolidations-organizations-infiltrates-airbronchograms-effusive-fibrinous-pleurisy/desquamating-necrotizing-colliquative- pneumonias/atelectasis/ spontaneous-pneumothorax.Vertebra-lesions were mostly partial-destructive/: Lumbar(n=5),-Thoracic(n=9)-Lumbar-thoracic(n=6)/ Skip-Lesions (n=3)/undetermined(n=2)/ Absolute-decimation:L3(n=1)/L4 /L5(n=2) Kyphoscoliosis (n=1)/Vertebra-abscesses(n=1)/ Paravertebral-Cold-Abscesses(n=2). Multifocal-Multicentric-thoracic-lesions(n=7)/ TBS- without- neurological- sequelae (n=15) TBS-CNS-TB (n=1)TBS-other- extra- pulmonary-phenomenon:Endobronchial-TB(n=1)/Miliary-TB(n=2)/CNS-TB-TBM(n=1)/TBLND(n=6)/ Cutaneous-TB (n=2)/ Multifocal-Multicentric-cutaneous-abscesses(n=1)/gluteal-abscesses (n=1)/scorfuloderma(n=1)/Dry/Effusive-TB-Peritonitis(n=2)/CVS-TB(n=2)

Histological-Biological-correlations- with-LNABC (n=2)/Sputum-Gastric washings MCS (n=3).TST were Negative(n=8)/ Positive (n=15) /in(n=5)it was equivocal-indeterminate.Accompanying laboratory features were anaemia/ElevatedESR/ Eosinophilia/ Leucocytosis,whereas gibbus suggested this diagnosis most in this series/elsewhere,Paraplegias/ back aches/regional spinal tenderness were implicated most. Most Frankels-gradeA-C-cases recovered to Frankel-grade-D-E-with attenuated(pre-physico- chemotherapeutic-kyphotic-angle:/post-physico-chemotherapeutic-Kyphotic- angle./ > 90% satisfactory-functionality-symptomatological-recoveries./Elsewhere-invasive -interventions were the rule.

Conclusions/importance: Basic screening for earlier detection of angular kyphosis by Tactile/radiological techniques/relevant interventions with initial emphasis on neuro-protection and arresting pathological progressions, could be pertinent cost-effective-feasible- achievable sustainable options. Unlike in adulthood, where unfavourable extensor muscular kinesiology made complete rectification uncommon,outcomes in children were positive.