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Correspondence

Is Empirical Anti-tuberculous Treatment Justified Even in the Second Decade of the 21st Century?

To the Editor: The case report on the emperical antituberculous therapy (ATT) by Gandrapu *et al*[1] in April-June 2016 issue highlights the relevance of regular follow-up of patients placed on emperical ATT. A careful history on evening pyrexia, progressive radiological opacities while on antibiotics without antituberculous efficacy may prompt ATT. Significant induration and/or ulcer (not oedema alone) on tuberculin test add suspicion. Clubbing, history of long-term smoking and evidence of mediastinal lymphadenopathy/shift may go in favour of lung cancer. Absence of evening pyrexia, history of loose stools for two years go against tuberculosis. Before starting second-line ATT/steroids, CT abdomen/ colonoscopy could have been a better option in the first case reported. The second case highlights the relevance of fibreoptic bronchoscopy in the light of repeat acid-fast bacilli negativity. A well-defined large cavity with finer margin in the right lower zone once again go against tuberculosis. There was no mention about the clubbing in the second case. If present, it could have supported lung cancer.

Tuberculosis is known for uncommon/atypical features.[2] A clinician is justified in having a second opinion before starting ATT known for drug ill effects, more so in the elderly or alcoholics.

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References

1. Gandrapu V, Prasad BB, Shankar DB and ChallaIs SR. Is emperical antituberculous treatment justified even in the second decade of the 21st Century? *The Indian J Chest J Dis Allied Sci* 2016:58;127–9.
2. Gopinathan VP. Uncomon presentations of a common disease—Tuberculosis. Paper read at APICON 2013, Coimbatore.

The Author's reply: Thanks to Dr (Lt Col) V.P. Gopinathan for his keen interest on my article "Is empirical anti tuberculous treatment justified even in the second decade of the 21st Century?"

Sir, we totally agree with you in all aspects. Tuberculosis is known for uncommon atypical features. Yes, we agree, that's why it is sometimes difficult to diagnose. Most of the doctors in PHC and private practitioners are ready to start ATT, if there is no response to usual antibiotic therapy. As they do not have diagnostic facilities, it is common for them to start ATT.

But in 21st Century, we are having many facilities in most centers, like CB NAAT, CT abdomen, colonoscopy, laparoscopy, histopathology, fibreoptic bronchoscopy, HRCT thorax and bacterial culture.

At this stage, no need to rely on ESR, Mantoux test, clubbing and evening rise of temperature for diagnosing TB. Even then we agree that clinical examination and findings are important for provisional diagnosis.

We always recommend appropriate investigations in either pulmonary or extra-pulmonary tuberculosis before starting empirical anti TB therapy.

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