CHAPTER 7

Summary & Conclusions...
SUMMARY & CONCLUSIONS

7.1 This study investigated the clinical, radiological, CT scan characteristics and the approaches for the management of two important forms of neurotuberculosis namely brain tuberculoma and Pott's paraplegia.

7.2 The study clearly establishes that neurotuberculosis continues to be a serious health problem in the developing countries. In all, 30 patients with brain tuberculoma and 33 patients with Pott's paraplegia were admitted to the study.

7.3 An attempt at a comprehensive approach for the study of neurotuberculosis has been made. For the first time clinical, bacteriological, radiological and CT scan profile and the role of chemotherapy have been elucidated.

7.4 This study demonstrated the fact that Pott's paraplegia is still a dreaded neurological complication of spinal tuberculosis.

7.5 Histopathological evidence of tuberculosis was available in all patients who went for surgery.

7.6 The major outcome of this study is the excellent response to SCC regimens containing rifampicin, isoniazid, pyrazinamide and streptomycin which were of bactericidal nature.

The role of surgery was also examined in the present study. It was clearly shown that costotransversectomy surgery had yielded good results.
7.7 Another significant finding of this study is the excellent response to SCC combined with surgery. Further, the present study has shown that this approach is associated with a lesser mortality, early ambulation and excellent patient compliance.

7.8 An innovative feature of this study has been the development of a prognostic index which can be used in the management of Pott's paraplegia. This index was devised based on presenting clinical signs and symptoms along with their duration.

7.9 Brain tuberculoma also continues to be a major neurotuberculosis problem and is an important etiological factor to be considered when dealing with SOL of the brain. It is noteworthy that 30% of the patients had no neurological deficits at the time of initial assessment. This could cause delay in diagnosis and treatment.

7.10 One of the main contributions of the present study is the association made between the clinical and CT scan changes. This study for the first time documents the serial changes that occur in CT, in patients who are treated with Anti TB drugs (SCC).

7.11 This study also documents for the first time the efficacy of a SCC regimen containing rifampicin, isoniazid and pyrazinamide for 9 months duration.

7.12 Another highlight of the study is that the clinical recovery precedes CT scan clearance.
during the first 2 months of treatment. By the end of treatment the clinical recovery and scan recovery were equal.

7.13 The number of scan lesions increased with age.

7.14 The scan clearance of lesions was 70% at 9 months (end of treatment) and by 24 months this went up to 85% without any additional chemotherapy.

7.15 Patients with single lesions show a more rapid clearance compared to patients with two or more lesions.

7.16 The Anti TB drugs were tolerated well by the patients. Hepatitis was the major reaction observed in this series (10%).

7.17 5 patients (17%) were left with residual deficit. Most importantly 3 of the children were blind. This disastrous sequelae cannot be prevented even with good chemotherapy if patients present themselves after the development of ICT.

7.18 Finally the present study highlights the beneficial role of SCC in the management of 2 forms of neuro tuberculosis (Brain tuberculoma and Pott’s paraplegia) using easily available and efficacious drugs. Surgery which requires technical skill and hospitalisation has been shown to play a minimal role in both the conditions. These findings are of significance for the management of these two conditions in developing countries where limited resources and expertise for management are available.