CHAPTER VII
SUMMARY AND CONCLUSIONS
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Tuberculosis is still a diagnostic challenge to the clinician but cure is possible when treatment is started at an early stage, especially when specific therapy is available. Morbidity and mortality increases while waiting for culture to confirm diagnosis.

Therefore there is a great need for a rapid simple and sensitive test and the ultimate proof of tuberculosis. During recent years several tests have been evaluated which may help in the early diagnosis of tuberculosis. All the tests are have their own limitation. Estimation of serum IgG and IgM against Antigen A60 by ELISA test is technically simple and easily reproducible.

The results of study shows the estimation of serum IgG against A60 Antigen is 76.7 to 78% sensitive and 77% specific if the cut-off point at 425 - 450 sero units. At lower titre levels highly sensitive but less specific but in high titre levels vice versa. At 425-450 sero units it almost equally sensitive as well as specific.

So we concluded that the estimation of serum IgM is not diagnostic for tuberculosis but estimation of serum IgG against A60 specific antigen can be applicable as a diagnostic test for tuberculosis at the titre value of 425 - 450 serounits, with other evidence of tuberculosis and the test should be interpreted cautiously.