**TUBERCULOSIS.**

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**This is an infection of the bone by Mycobacterium tuberculosis organism. It showed a decline in its prevalence in the twentieth century due to improved treatment, good nutrition and public health programmes. However extra-pulmonary has risen again due to general increase in the proportion of elderly people, changes in population movements, spread of intravenous drug abuse and emergence of AIDS.**

**The skeletal manifestations of the disease are seen chiefly in the spine and the large joints.**

**Predisposing conditions include, chronic debilitating disorders like diabetes, drug abuse, prolonged corticosteroid medication, AIDS and other disorders resulting in reduced defense mechanism.**

**PATHOLOGY:**

 **Mycobacterium tuberculosis (usually human, sometimes bovine) enters the body via the lung (droplet infection) or the gut (swallowing infected milk products) or rarely through the skin.**

**PRIMARY COMPLEX:**

 **A lesion in the lung, pharynx or gut with lymphatic spread to regional lymph nodes. Enlargement of glands in the neck or abdomen.**

**May be latent with body immunity.**

**SECONDARY SPREAD:**

 **Via blood stream may occur giving rise to military tuberculosis, meningitis or multiple tuberculous lesions.**

**TERTIARY LESION:**

* **Bones or joints are affected in about 5% of the patients with TB.**
* **Affects vertebral bodies (POTTS DISEASE) and large synovial joints.**
* **Formation of abscess with pus and fragments of necrotic bone.**
* **Destruction of articular cartilage.**
* **Bone erosion leading to osteoporosis.**
* **Formation of cold abscess which burst and form tuberculous ulcer.**
* **May lead to joint destruction if untreated.**

**CLINICAL FEATURES:**

* **History of previous infection or recent contact with TB.**
* **Pain and joint swelling.**
* **Fever**
* **Night sweats**
* **Loss of weight**
* **Muscle spasm.**
* **Muscle wasting**
* **Enlarged lymph nodes.**
* **Limited joint movements.**
* **Stiffy joint and deformity.**
* **Collapse of lumber region leading to kyphosis.**
* **Weakness or instability of the lower limbs.**

**INVESTIGATIONS:**

**History**

**X-rays**

**Blood for full haemogram>Raised ESR.White blood cells**

**Manteaux test**

**Acid fast bacilli(AFB).**

**Blood cultures 80% positive**

**Synovial Biopsy is more reliable.**

**DIFFERENTIAL DIAGNOSIS:**

**1.Transiet synovitis**

**2.Monoarticular Rheumatoid arthritis**

**3.Subacute arthritis**

**4.Haemorrhagic arthritis**

**5.Pyogenic arthritis**

**TREATMENT.**

**REST**

**Splintage**

**Chemotherapy**

**Combinations of drugs used, for 6 months.**

**Operation>Drainage of abscesses and joint replacement.**