## **Response to: Surgery-Related Complications and** Sequelae in Management of Tuberculosis of Spine

Safak Ekinci<sup>1</sup>, Faruk Akyildiz<sup>2</sup>, Omer Ersen<sup>3</sup>

<sup>1</sup>Department of Orthopaedic Surgery, Agri Military Hospital, Agri, Turkey <sup>2</sup>Department of Orthopaedic Surgery, Malatya Military Hospital, Malatya, Turkey <sup>3</sup>Department of Orthopaedic Surgery, Erzurum Military Hospital, Erzurum, Turkey

Dear Editor,

We read the published article by Moon et al. [1] entitled "Surgery-Related Complications and Sequelae in Management of Tuberculosis of Spine" with great interest. The authors said "surgery should be reserved only for the complicated cases of spinal tuberculosis in patients for whom surgery is definitely indicated" [1].

However, we think that some more points should be discussed regarding therapy planning.

Spinal tuberculosis is the most common and the worst form of tuberculosis lesions in the skeleton [2-4]. If the lesion is limited within the vertebrae, and if there are no complications, triple-drug anti-tuberculous chemotherapy can be the main therapy to treat tuberculosis [5]. However, with proper indications, surgical procedures are superior in the prevention of neurological deterioration, maintenance of stability, and early recovery [3-6].

Oguz et al. [4] reported 76 cases with spinal tuberculosis resulted in excellent recoveries without any neurological deterioration. As a result, they developed an effective classification system named GATA.

We believe that this new classification system should

be considered as a practical guide for spinal tuberculosis treatment planning in all countries.

## Conflict of Interest

No potential conflict of interest relevant to this article was reported.

## References

- 1. Moon MS, Kim SS, Moon YW, Moon H, Kim SS. Surgery-related complications and sequelae in management of tuberculosis of spine. Asian Spine J 2014;8:435-45.
- 2. Boachie-Adjei O, Squillante RG. Tuberculosis of the spine. Orthop Clin North Am 1996;27:95-103.
- 3. Rezai AR, Lee M, Cooper PR, Errico TJ, Koslow M. Modern management of spinal tuberculosis. Neurosurgery 1995;36:87-97.
- 4. Oguz E, Sehirlioglu A, Altinmakas M, et al. A new classification and guide for surgical treatment of spinal tuberculosis. Int Orthop 2008;32:127-33.
- 5. Moon MS, Moon YW, Moon JL, Kim SS, Sun DH.

Tel: +90-532-733-98-50, Fax: +90-472-215-27-47, E-mail: safakekinci@yahoo.com



Copyright © 2015 by Korean Society of Spine Surgery This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (http://creativecommons.org/licenses/by-nc/3.0/) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited. Asian Spine Journal • pISSN 1976-1902 eISSN 1976-7846 • www.asianspinejournal.org

Received Oct 26, 2014; Revised Oct 26, 2014; Accepted Oct 28, 2014 Corresponding author: Safak Ekinci Department of Orthopaedic Surgery, Agri Military Hospital, Agri, Turkey

Conservative treatment of tuberculosis of the lumbar and lumbosacral spine. Clin Orthop Relat Res 2002;(398):40-9.

6. Ghadouane M, Elmansari O, Bousalmame N, Lez-

rek K, Aouam H, Moulay I. Role of surgery in the treatment of Pott's disease in adults. Apropos of 29 cases. Rev Chir Orthop Reparatrice Appar Mot 1996;82:620-8.