



If the patient has stopped drug therapy during the course of treatment for more than a month, should the drug therapy be restarted and continued as for a new patient in a patient with spinal tuberculosis?



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Why is this topic Important

- The treatment of tuberculosis is primarily based on anti-tubercular medications regularly administered for a long duration (6 to 12 months)
- Patients often miss medications leading to persistent disease and inferior outcomes.
- The World Health Organization (WHO) defines a treatment defaulter as a patient who stops taking their medication for at least two months.



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Why is this topic Important

- The incidence of treatment default ranges from 10 to 30%
- One of the main reasons for the prevalence and relapse of the disease and development multi-drug resistance.
- The reasons for default are varied, and include younger age (21 to 50 years), drug-induced side effects, a feeling of early improvement and migration.
- However, defaulters during the treatment of spinal tuberculosis is sparsely documented.



Literature Review/ Process



We evaluated **1176** articles based on keywords related to treatment default in spinal tuberculosis



Identified **4 articles** which have documented patients whom defaulted the drug intake during



spinal TB



Scopus



Findings from Literature

- The current evidence indicates that
- Treatment default in spinal tuberculosis is grossly under reported.
- The incidence varies from 2.2 to 30%.
- The incidence is more in patients with drug resistant spinal tuberculosis.
- No data on the causes, risk factors, outcomes and management of treatment defaulters in spinal tuberculosis



Question:

If the patient has stopped drug therapy during the course of treatment for more than a month, should the drug therapy be restarted and continued as for a new patient in a patient with spinal tuberculosis?



Response:

- ❖ No evidence in literature for spinal TB on this ground, drawing parallels from defaulters of pulmonary tuberculosis, we recommend that it is important to **restart ATT from the intensive phase** to avoid development of drug resistance and poor outcome.



❖ **Vote:**

Agree – 86.4%, Disagree – 9.1%, Abstain – 4.5%
(Strong Consensus)