P262 SKELETAL TUBERCULOSIS – A RETROSPECTIVE REVIEW AT TWO INNER CITY UK HOSPITALS

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Introduction and objectives Skeletal tuberculosis (TB) accounts for about 10% of extrapulmonary tuberculosis in Europe and the USA.[1] Outcomes and duration of treatment are less well described than pulmonary TB. We sought to identify characteristics and outcomes for patients diagnosed with skeletal TB in the two hospitals in our trust.

Methods Cases of TB treated in our NHS trust from 1/1/2011 to 31/12/2013 with site of disease including bone and/or spine were included. Data was obtained from the Enhanced TB Surveillance Database and case note review. Patients with a positive alternative diagnosis were excluded. TB affecting other body systems was defined as imaging abnormalities with exclusion of alternative diagnoses.

Results 34 patients (20 males), mean age 42.7 years, were identified. 29(85%) were born outside the UK. No patients were HIV positive (test not offered/refused in 11%). Sites of disease are shown in Table 1. 13(38%) of patients had the diagnosis made via non-surgical biopsy (either radiological or bedside), 6(18%) through surgical biopsy, and 5(15%) of patients having the diagnosis made through sampling from another site (usually pulmonary). The remainder of patients (10) either had a clinico-radiological diagnosis or the diagnosis made overseas, with 4 of those patients undergoing a non-diagnostic biopsy. Mean length of treatment was 10 months. At end of treatment 9(40%) of spinal TB patients had ongoing back pain and 4(33%) of patients with appendicular joint involvement had residual stiffness.

Abstract P262 Table 1

Skeletal sites of disease (Total patient number = 34)	
Isolated Spine	Number (Total = 22)
Cervical	2 (10%)
Thoracic	8 (36%)
Lumbar	6 (27%)
Sacral	0
Multifocal	6 (27%)
Other skeletal	Number (Total = 12)
SI joint	3 (25%)
Rib	2 (17%)
Multifocal	2 (17%)
Patella	1 (8%)
Calcaneum	1
Humerus	1
Tibia	1
Metacarpals	1
Concurrent Extra-skeletal disease	Number
Intra-thoracic	11 (32%)
Extra-thoracic	3 (9%)

Conclusions Bedside or image guided procedures have a role in diagnosis of skeletal TB; about 30% will also have pulmonary TB which may be more accessible for diagnosis. Sending for TB culture during surgery is important. After appropriate treatment a proportion of patients have residual pain and stiffness.

REFERENCE

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P263 DOES AGE INFLUENCE THE DIAGNOSTIC PATHWAY IN PATIENTS WITH TB LYMPHADENITIS?

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Introduction London has a high incidence of TB with north-east London having amongst the highest rates of TB in the U. K. Microbiological analysis is the gold standard method of diagnosis for patients with TB. A recent review of patients with TB lymphadenitis demonstrated that a significant proportion of these patients were diagnosed on histology alone. This proportion increased in patients over 60 years old, suggesting that tissue or fluid specimens were not routinely analysed in this group.

Aims To ascertain whether age is a factor in influencing the diagnostic pathway, particularly the use of invasive tests, in investigating individuals with lymphadenopathy in this high-incidence area for TB.

Methods A retrospective analysis was undertaken of patients with TB lymphadenitis from 2009 – 2011 diagnosed by the Barking, Havering and Redbridge Hospitals NHS Trust TB service using the London TB register.

Results 308 patients over the age of 18 years were identified with TB lymphadenitis. Of 281 patients between 18 – 65 years, 15.3% (43) had no specimen sent for analysis. 2/27 (7.4%) of patients >65 years had no specimen sent for analysis.

Conclusion Previous work has shown that in individuals over 60 years old, TB lymphdenitis was diagnosed predominantly on histology only (80%). Younger patients were more likely to have diagnosis confirmed on microbiology.

This study demonstrates that increasing age is not a factor in influencing the diagnostic pathway, particularly the use of invasive tests, in investigating patients with lymphadenitis. However, in spite of the high incidence of TB, the biopsy specimens obtained from patients from all age groups are not routinely sent for microbiological analysis.

P264 A MULTI-CENTRE REVIEW OF THE MANAGEMENT OF PULMONARY NON-TUBERCULOUS MYCOBACTERIAL (NTM) INFECTION IN HIV-NEGATIVE SUBJECTS

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Introduction Non-Tuberculous Mycobacteria (NTM) are ubiquitous in the environment meaning clinical, radiological and microbiological criteria are important in diagnosing NTM lung disease. A multicentre, retrospective review was performed to characterise NTM disease within our region and describe the outcomes of current management.

Methods All NTM positive sputum samples received by the National Mycobacterium Reference Laboratory (NMRL) from Imperial College NHS Healthcare and North West London