

### M39 SCREENING FOR TUBERCULOMAS IN PATIENTS WITH MILIARY TUBERCULOSIS – WHAT MODALITY OF IMAGING SHOULD WE BE USING?

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10.1136/thoraxjnl-2014-206260.427

**Introduction and objectives** NICE guidance advises neuroradiology to investigate CNS signs in patients with miliary tuberculosis (TB). The aims of our study were to describe our population of patients with tuberculomas in the presence of miliary disease and identify any clues to the best radiological modality.

**Methods** The radiology and clinical history was retrospectively reviewed for all patients treated for miliary tuberculosis at one centre between 01/01/2009 and 31/12/2013.

**Results** 53/1650 (3.2%) of patients during this period were diagnosed with miliary (disseminated) tuberculosis. 27/53 (50.9%) underwent further neuroimaging. 10/53 (18.9%) miliary TB patients had evidence of tuberculomas on neuroimaging (M:F 6:4, age range 22:81). 2/10 had evidence of tuberculomas on both CT (2/2 with contrast) and MRI, 5/10 had a negative CT (2/5 with contrast) but an MRI result which revealed tuberculomas. 3 patients did not have a CT scan (MRI only). All 10 patients were HIV negative and had fully sensitive TB, 9/10 had neurological signs which warranted the subsequent neuroimaging.

**Conclusion** Tuberculomas are seen in a fifth of patients with miliary tuberculosis. Based on our findings, guidelines should be adapted to suggest that both use of contrast and MRI should be utilised preferentially.

### M40 TACKLING POOR ATTENDANCE TO TUBERCULOSIS CLINIC – WHO, WHY AND WHAT CAN BE DONE

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10.1136/thoraxjnl-2014-206260.428

**Introduction** Despite efforts to improve Tuberculosis (TB) services, disease rates remain high (UK national average 14.4 per 100,000). We believe one of the ongoing challenges is engaging patients in attending outpatient clinics for care. However, there is no current UK data evaluating poor attendance to TB clinic.

**Aim** To identify reasons for patient's not attending TB clinic, in order to implement service improvements and increase patient engagement.

**Methods** We conducted a prospective study reviewing the number of Did Not Attend (DNAs) to our TB clinic over a six-week period (April to June 2014). We evaluated data, usually obtained from patients who are contacted after they DNA, and cross referenced this with the trust electronic database. Data obtained included patient demographics, stage of TB treatment, route of referral, reasons for non-attendance and accessibility to clinic.

**Results** 63 of 385 patients (16% - 42 males, 21 females) did not attend their TB clinic appointments compared to 15% for non-TB respiratory appointments in this time. 64% were contactable (25 males, 15 females). Median age was 32 (range 17–78 years), which included 16 ethnicities and seven languages. 62.5% were follow-up appointments and 37.5% were new. 27.5% had TB previously. Stage of TB treatment included: completed (17.5%), current (25%), none (57.5%). Referral route included GP (40%), hospital (32.5%) and contact tracing (27.5%). 59% were aware of their

appointment but were unable to attend due to other engagements. 41% stated they had not received a letter informing them of their appointment, 13% of these patients had relocated to another area and not updated their address. 8% of patients highlighted problems with transport leading to difficulties accessing the clinic.

**Conclusions** Communication to inform patients about appointments needs to be improved by both the referring and TB service. Utilising information technology and community links may improve patient education and therefore engagement with services. Experiencing the patient's journey will highlight further areas for development.

### M41 RECURRENT TUBERCULOSIS AND ITS RISK FACTORS IN THE UK'S LARGEST TB CENTRE

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10.1136/thoraxjnl-2014-206260.429

**Objective** To describe tuberculosis (TB) relapse/recurrence in patients treated at the UK's largest TB centre and identify characteristic which predicted recurrence.

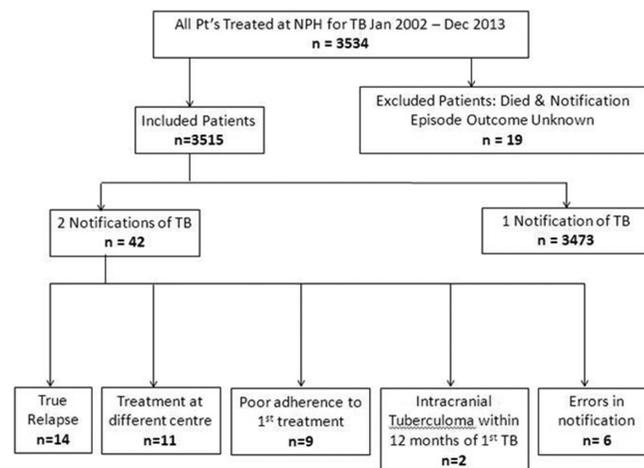
**Design** Retrospective observational cohort study.

**Methods** All patients treated at our centre between 1st Jan 2002–31st Dec 2013 were identified from the local TB register. We excluded patients who died due to TB or whose outcome was unknown. Details of patients with more than one notification episode of TB were obtained from patient records.

**Results** In total, 3534 patients were treated for TB during the 12-yr period. After exclusions, 3515 patients were included in the study. Of these, 42 patients had two notifications of TB; none were treated more than twice.

Of these 42, we considered 14 to be true relapses/recurrences. 28 patients were considered on review not to have had a true relapse/recurrence: of these, 11 had their first treatment episode at a different centre; 9 were re-starts of treatment because of non-adherence during the first TB episode; 2 had intracranial tuberculomas diagnosed within 12 months of initial episode; 6 were errors in notification.

Of 14 patients considered to be true relapses/recurrence, 6 were microbiologically confirmed on relapse/recurrence and a further 8 were re-treated on clinical grounds. None exhibited drug resistance and 2 were HIV positive. The 14 true relapse/



Abstract M41 Figure 1