electronic patient records. Data on demographics, assessment, treatment and ocular response were collected.

17 patients were included, 10 were male (58.5%) with mean age of 47 years. All patients had evidence of TB exposure and 82.5% had an interferon-gamma release assay (IGRA). All patients with an abnormal CXR (17.6%) went to have a CT. Of those who had an abnormal CT, all proceeded to diagnostic sampling (42.3%). Patients had eye changes suggestive of TB: choroidal granulomas (11.8%), mutton fat keratic precipitates (5.9%), serpiginous chorioretinopathy (5.9%) and peripheral occlusive retinal vasculitis (17.6%). The intended treatment for patients were between 9 – 12 months (70.6%). However, less than half (41.1%) completed treatment within recommended 365 days; some had ATT temporarily suspended owing to side effects.

Of the 15 patients with confirmed ocular TB and available follow-up, six patients had evidence of systemic disease. One patient had microbiologically confirmed TB (6.7%) and five had imaging, histology and serology consistent with a diagnosis of TB (33.3%). At the end of treatment, over half of patients had quiescent eye disease (60.0%).

In our centre, almost half our patients required further treatment for their ocular disease after completion of ATT, including patients who had evidence of TB beyond the eye. This is important information to set patient expectation at the beginning of ATT and a larger cohort is needed to confirm this outcome.

REFERENCE

TREATMENT OUTCOMES OF SPINAL TUBERCULOSIS PATIENTS

Introduction The diagnosis of spinal tuberculosis (TB) is often delayed, which may affect treatment outcomes. NICE Guidelines suggest to treat spinal TB for 6 months however it does not take into account severity of disease (multi-level involvement or presence of paravertebral or psoas abscesses) at presentation.

Methods We conducted a retrospective study of consecutive patients attending a spinal TB clinic at a large London Hospital. Information on demographics, clinical manifestation at diagnosis, radiology and treatment outcomes were recorded.

Results Seventy-four cases with Spinal TB were identified during 2010–2022. Twenty-five cases had incomplete data. Out of 49 cases, 30(61%) were male and median age was 33 years (14 IQR). Out of 49 cases 42 (85%) were migrants and 7 cases were born in the UK.

Forty-six patients were HIV negative, and three patients HIV status were unknown. 36(73%) patients had no comorbidities. 6(12%) patients had Diabetes Mellitus. Twelve (24%) cases had pulmonary TB involvement.

Forty three out of 49(86%) had back or neck pain as their primary symptom at presentation. Thirty-one (63%) patients had constitutional symptoms. Four (8%) patients had spinal cord compression, two patients had paradoxical drug reactions and 17(34%) patients needed surgery/or drainage of paravertebral or psoas abscesses.

All patients had a repeat MRI spine at around 6 months (range 3 to 8 months) and 12 months (range 10 to 14 months). Twenty-eight out of 49 (56%) patients had persistent paravertebral and psoas abscesses at 6 months. All patients received 12 months of TB treatment and the majority of patients, 46/49 (92%) had complete resolution of paravertebral or psoas abscesses after 12 months of treatment.

Conclusion Patients with spinal TB should have 12 months of treatment compared to 6 months as recommended by NICE guidelines.

REFERENCE

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