Potential risk factors for recurrence of pulmonary tuberculosis

Among UK residents of South Asian descent potential risk factors for pulmonary tuberculosis (PTB) and, possibly, also for its recurrence, include vitamin D deficiency (as proposed by Crofts et al.),¹ the population-attributable fraction (PAF) for PTB attributable to diabetes mellitus,² and end-stage chronic kidney disease (CKD).³ The PAF for PTB attributable to diabetes mellitus can be as high as 19.6% (95% CI 10.9% to 33.1%) and 14.2% (95% CI 7.1% to 26.5%) for UK Asian men and women, respectively, versus 6.9% (95% CI 3.1% to 12.4%) and 8.2% (95% CI 3.0% to 15.6%) for their white male and female counterparts, respectively.² Furthermore, in the presence of diabetes mellitus, recognition and treatment of PTB can be complicated by the fact that its radiographic stigmata can simulate those of lower lobe community-acquired pneumonia, and by the fact that median time to culture conversion may be significantly (p=0.03) longer in subjects with diabetes than in their counterparts without diabetes.⁴ Relative to their white counterparts, UK Asians also have a 13.66-fold higher risk of end-stage diabetic nephropathy,⁵ end-stage CKD itself being associated with an acquired immunodeficiency state characterised by a 10- to 25-fold increase in risk of PTB.⁶ When vitamin D deficiency complicates CKD⁶ this might, arguably, further compound the risk of PTB and its recurrence.

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