Treat the patient, not the result

To the Editor: Several episodes of nursing and laboratory staff at a specialist tuberculosis (TB) hospital presenting with flu-like symptoms, who on further investigation were found to have acid-fast bacilli in their sputum yet normal chest radiographs, have occurred. In many instances, in the absence of other evidence of TB, these staff were not initiated on anti-TB treatment. Serial sputum investigations remained negative and the symptoms disappeared. Similarly, in the same institution there have been several reports of patients referred with a microbiological diagnosis of multi- or extensively drug-resistant tuberculosis. Owing to the protracted period of time needed to grow these organisms, the individuals concerned are commenced on first-line TB treatment. By the time the susceptibility results are received (usually several months later) and the patients referred to the specialist TB hospital for further management, both clinical and radiological improvement in response to first-line TB treatment has taken place, which suggests that there might have been some contact with TB (drug-susceptible or resistant), and the bacillus could have infected and behaved as a commensal for a short period and not caused disease in the 'carrier'. This scenario is more relevant today, with the prevalence of MDR and XDR TB.
If a chest radiograph is reported as clear by an experienced reader, and the individual is asymptomatic, then the sputum test should be repeated, including culture and susceptibility testing, before embarking on therapy with potentially toxic second-line TB drugs. Health workers should be cognisant of these confounders and remember to treat the patient – and not laboratory reports or radiographs.

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1. Demissie A, Leyten EM, Abebe M, *et al*. Recognition of stage-specific mycobacterial antigens differentiates between acute and latent infections with *Mycobacterium tuberculosis*. *Clin Vaccine Immunol* 2006; 13(2): 179-186.
2. Hussain R, Talat N, Shahid F, Dawood G. Longitudinal tracking of cytokines after acute exposure to tuberculosis: association of distinct cytokine patterns with protection and disease development. *Clin Vaccine Immunol* 2007; 14(12): 1578-1586.