LETTER TO THE EDITOR

13th April 1993.

Dear Sir,

Ref: Update On Chemotherapy For Tuberculosis

I would like to comment on Dr. S.L. Chan's article "Update On Chemotherapy For Tuberculosis" published in Vol. 15 No. 2 (February 1993).

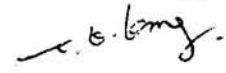
I fully agree with Dr. Chan that tuberculosis remains a very important communicable disease of high morbidity and mortality. While much attention has been paid to the prevalence of tuberculosis in HIV-infected persons, tuberculosis has been recognised increasingly as a disease of elderly people[1,2]. Although there is a general decline in the tuberculosis notification rate in the past decade in Hong Kong, detailed analysis showed that the age-specific case rate of tuberculosis from the year 1981 to 1991 had decreased for all age groups **except** for those aged over 70[3]. Indeed, the age-specific tuberculosis case rate is the highest for those aged over 70, amounting to 301 cases per 100,000 population in the year 1991, compared to an overall rate of 107 per 100,000 population for that year. As pointed out by Dr. Chan, the actual size of the problem might be even greater because the tuberculosis case rate might be under-estimated due to under-notification and under-diagnosis. Hospital doctors seldom notify tuberculosis, whether diagnosed during life or post-mortem.

Under-diagnosis of tuberculosis is a problem in the elderly patient because of atypical presentations, low index of suspicion, and the tendency to inexact diagnoses. This is particularly true for extrapulmonary tuberculosis. Examples that I have seen include tuberculosis of ascending colon and of pancreas misdiagnosed respectively as carcinomata intra-operatively, enteric tuberculosis diagnosed 3 years after repeated operations and extensive investigations for unexplained abdominal pain (the final diagnostic investigation was stool for AFB culture!).

Another point of concern that I would like to raise is the widespread use of 4-quinolones (ofloxacin, ciprofloxacin) in treating pneumonia and other infections when tuberculosis is not suspected as the underlying disease. Since 4-quinolones have anti-tuberculosis activity, this would result in difficulty and delay in diagnosis of tuberculosis, as shown in an elderly patient with tuberculosis of lungs and skin reported in our department recently[3]. Not only would the indiscriminate use of ofloxacin mask the diagnosis of unsuspected tuberculosis, it would encourage Mycobacterial resistance in yet another potentially useful anti-tuberculous agent.

I would like to end with the words of JS Sodhy "Because of the transmissible nature of tuberculosis, no one is safe until all are safe; and until all are safe, the disease remains a blot on the conscience of the world community".

Yours sincerely,



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Letter to the Editor

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2. Yoshikawa TT. Tuberculosis in aging adults. J Am Geriatr Soc 1992; 40: 178-187.
3. Kong TK. Clinical audit: an elderly woman with cellulitis, subcutaneous abscesses, persistent fever and polyarthritis. J HK Geriatr Soc 1993; 4: 30-9.
