Abstract

Spinal tuberculosis (TB) accounts for more than half of all cases of skeletal TB. Although Kenya has one of the highest burdens of TB, data on spinal TB in this country remain scarce. To highlight the clinical presentation and management of this condition in our setup. Retrospective study. Kenyatta National Hospital in Kenya. One hundred twenty-nine patients. Patients' condition after intervention and duration of hospital stay. This study involved review of patients admitted to our hospital between 2004 and 2009 with a diagnosis of spinal TB. The most common presenting complaints were back pain in 100 patients (77.5%) and limb weakness in 94 patients (72.9%), whereas the most frequent physical examination finding was gibbus deformity in 85 patients (65.8%). Most (79 patients, 61.2%) had severe motor and sensory impairment graded as either American Spinal Injury Association (ASIA) A or ASIA B. Imaging revealed multiple vertebrae disease in 90 patients (79.6%). Of these, the most common was two vertebrae disease in 77 patients (68.1%). All patients were managed using anti-TB drugs and analgesics; however, 33 (25.6%) required adjunctive operative management. Mean hospital stay was 53.3 days. Marked clinical improvement was seen in 91 patients (70.0%) within 6 months of treatment. Patients with spinal TB in our setting tended to present late and with advanced disease. Therefore, a high index of suspicion should be maintained and appropriate chemotherapy started as early as possible.