

LETTER TO THE EDITOR

Early diagnosis of tuberculosis in Afghanistan is the best available strategy to prevent spinal cord injury.

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Michael and Roth¹ raised important issues on the situation of Afghan people with spinal cord injury (SCI) in a qualitative study. We read this article with interest and would like to add our concerns.

As a developing country and due to the recent wars in Afghanistan, the current health status of the Afghans is critical. The catastrophe is the situation of people with chronic disabling diseases such as SCI. Regarding the current poor health care of people with SCI, preventive strategies are the best.

As Michael and Roth¹ explained in their study, the second most frequent cause of SCI in Afghanistan is tuberculosis (TB), which accounts for 16.3% of the total causes of SCI. TB is also endemic in southeast of Iran, where many Afghans live with the reported annual incidence of 70.3–80.6 per 100 000 population for all types of TB and 13.8–19.4 per 100 000 population for extra-pulmonary TB during 1997–2002.²

In Zahedan, a capital city in southeast of Iran, the high awareness of physicians, especially in this endemic area, helped in developing a medical rule for every Afghan so that any patient who comes with spine/spinal cord injury should be checked for TB, even if he has no signs or complaints.²

In 2011, of the 31 million population of Afghanistan, the prevalence of TB was 110 000; the incidence and the mortality of TB were 59 000 and 12 000, respectively. These statistics have placed Afghanistan among one of the 22 high-burden countries because of TB.³ Unfortunately, it has been shown that among the 22 countries, mortality rates of TB in Afghanistan appear not to be decreasing. In 2012, there has been a US\$2 million funding gap of financing TB care and control in Afghanistan.³

Of the different forms of TB infections, infection of the spine is the most common and serious form, accounting for up to one-third of skeletal TB. Tuberculous myelopathy was examined during a 7-year period in southeast of Iran. Of the 43 cases of tuberculous myelopathy, 47% were paraparetic or paraplegic and 40% had kyphosis.

The imaging revealed thoracic and/or lumbar spine involvement in 92% of the patients with tuberculous spondylitis.²

The World Health Organization predicts that annually more than eight million new cases of TB occur and less than two million patients die of TB, and most of the deaths occur in developing countries. On the other hand, although TB presents late in the course of the disease, good outcome is expected if the diagnosis is made in early stages. Therefore, we strongly recommend the high awareness of the Afghanistan health system to make early diagnosis and treatment of TB in this country.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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