Comments on Ren et al.: Is duration of preoperative anti-tuberculosis treatment a risk factor for postoperative relapse or non-healing of spinal tuberculosis?

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Dear Editor,

Ren et al. [1] report that lumbosacral and thoracolumbar junction have a higher recurrence rate of spinal tuberculosis (TB) via a retrospective follow-up study of 223 patients with spinal TB. This is not a random control trial. Therefore, patients status such as the presence or absence of chronic medical disease, age, drug-resistant TB, which could affect the final findings, should be considered fully.

Drug-resistant TB, especially multidrug-resistant and extensively drug-resistant TB is a major threat to the control of TB worldwide [2]. National survey of drug-resistant TB in China demonstrated that China has the world's largest number of patients with multidrug-resistant TB, and primary transmission is responsible for most cases [3]. Drug resistance complicates efforts to control TB. Patients infected with organisms resistant to rifampin

receive a high rate of therapy failure. Patients infected with organisms resistant to both isoniazid and rifampin need at least 18 months of treatment [4]. Thus, the authors should not ignore the effect of drug-resistant TB contributed to the spinal tuberculosis recurrence or relapse. We think it is necessary for the authors to supplement the mycobacterial drug sensitivity test or to give molecular detection of drug resistant tuberculosis, which could provide more evidence for spinal tuberculosis recurrence or relapse in this study.

Conflict of interest None.

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A response to these comments can be found at doi:10.1007/s00586-016-4572-7.

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