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Understanding diagnosis, cure and relapse in extra-pulmonary tuberculosis: TB pericardium

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Background: Extra pulmonary tuberculosis is a variety of manifestations of tuberculosis which are known to be life threatening and, in some cases, to cause life-long disability. The management of pulmonary tuberculosis has long been at the forefront of public health strategies however extra pulmonary tuberculosis has not received the same attention. Currently, there are no set of parameters for diagnosis, cure and relapse within the medical or research communities for TB pericarditis.

Objective: The objective of this study was to understand the current clinical working parameters for diagnosis, cure and relapse of extra-pulmonary tuberculosis; TB pericarditis in medical and research communities.

Design: This study has a mixed method approach. A review was conducted of randomized control trials to understand the common definitions being utilized. Interviews were then conducted to understand the current method of diagnosis of the conditions. A content analysis of these interviews was then undertaken, and common parameters explored.

Setting: This study researched international literature and conducted interviews with specialists in, South Africa, Malawi and the United Kingdom.

Results: There is a variation in specialists' definitions of diagnosis cure and relapse for this condition. Guidelines for the conditions often lack focus on clinical features particularly within the UK and may not reflect current practice. It also identified that lack of uniformed parameters for diagnosis, cure and relapse within the current research community with standards for diagnosis differing greatly between clinical and research settings.

Conclusion: Whilst current clinical practice and available diagnostic strategies influence definitions, there remains a wide variation in clinicians within a country and between countries. To standardize TB care, clinicians and guidelines need standard definitions for diagnosis, cure and relapse for this form of extra-pulmonary tuberculosis.