



## Misuse of the term “CURED” in pediatric Tuberculosis cases

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### TO THE EDITOR

Tuberculosis in children is commonly neglected despite the fact that it caused the death of 200,000 children while leaving more than one million ill. Pakistan is a high children Tuberculosis burden country where in accordance with data from the National Tuberculosis Control Program Pakistan (NTP) (2001–2004), 4.4% of all smear positive cases are children under 15 years of age (Batra et al., 2012). Due to scarcity of resources to prevent, diagnose or manage a disorder this country faces a serious issue of misusing of the term “CURED” in pediatric Tuberculosis cases. According to definition of treatment completed and cured a literature by WHO in 2019 stated. In case of Treatment outcomes for Tuberculosis patients (excluding patients treated for RR-Tuberculosis or MDR-Tuberculosis) cured can be defined as “A pulmonary Tuberculosis patient with bacteriological confirmed Tuberculosis at the beginning of treatment who was smear- or culture-negative in the last month of treatment and on at least one previous occasion” (WHO, 2019). Treatment outcomes for RR-Tuberculosis/MDR-Tuberculosis/XDR-Tuberculosis patients treated using second-line treatment the term Cured Treatment completed can be defined as recommended by the national policy “without evidence of failure and three or more consecutive cultures taken at least 30 days apart are negative after the intensive phases” (WHO, 2019). As very openly they use smear and culture terminologies in definition above, for which we will have to take sputum from children or perform bronchoscopy (an invasive technique with issues of ethical approval) and none of the procedures are in practice in pediatrics. Despite these limitations we came across irrational use of the term cured in scores of literature on children Tuberculosis in Pakistan. A study by Srichand Batra et al in Karachi Pakistan stated that Treatment was completed on 88 (72.7%) cases; while an additional 26 (21.5%) were cured (Batra et al., 2012). Another study titled as “Diagnosis and outcome of childhood Tuberculosis” claims that implementing public health policy in three districts of Pakistan The successful outcomes ‘cured’ plus ‘treatment completed’ were significantly lower in the post-intervention period than in the pre-intervention (Safdar et al., 2010). A study by Safdar, N., et al from Pakistan states that The successful outcomes 'cured' plus 'treatment completed' were significantly higher in the intervention district (37 100%) as compared to the control district A (18 18%) and control district B (41 72%) (Safdar et al., 2011). Pulmonary impairment is a major concern in patients of Tuberculosis. Despite a rational treatment microbe and the therapeutic agents pose serious harm to lungs tissues leading to bronchiectasis and other pulmonary disorders causing suppression of sputum leading to yet another hurdle to get sputum for culture or smear tests (Ravimohan et al., 2018). Putting a glance on the studies above it is not possible to acquire sputum from children for smear of culture hence the term “cured” should be used responsibly while conducting research on cases of Tuberculosis in pediatrics.

## References

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