INTRODUCTION
Cervical TB spine is particularly rare, representing 3-5% of all spinal TB cases. Mainstay treatments are usually chemotherapy with long duration of anti-tuberculosis medication [1]. Only limited cases are indicated for surgery in which anterior approach to cervical is more favourable [2].

CASE REPORT
A case of 67-year-old lady presented in December 2016 with a neck pain radiating to both shoulders which resolved with physiotherapy and analgesia. Subsequently, she experienced worsening neck and interscapular pain in February 2017 accompanied by weight and appetite loss. Examination shows localized lower cervical tenderness with ROM reduced. Neurological examination was unremarkable, consistent with American Spinal Association Impairment (ASIA) E. Erythrocyte Sedimentation Rate was elevated, 40mm/hr. C-Reactive Protein was 24mg/l. Sputum AFB and Mantoux test were normal. Cervical radiograph showed lytic destruction of vertebral body of C6 and C7. MRI revealed destruction of C6/C7 intervertebral disk, adjacent vertebral endplates erosion and spinal stenosis at this level. Chest radiograph appears normal. Patient was electively planned for anterior cervical corpectomy of C6 and C7 with biopsy.

DISCUSSION
Tuberculosis is a great mimicker with a number of clinical features and presentations. Initial diagnosis was pyogenic (Figure 1 & 2) spondylodiscitis however, intraoperative HPE revealed granulomatous infiltration with infiltrate lymphocytes epitheliod macrophages and Langhans multinucleated giant cells which are typical of Mycobacterium tuberculosis. TB spine is most commonly found in lower thoracic and upper lumbar regions. It commonly spreads by hematogenous dissemination of the bacillus both via arterial or venous[3]. In most adult cases, TB spine results from reactivation of resting tubercle bacilli in quiescent lesions produced during an earlier infection. Majority of TB spine are treated with anti-tuberculosis medication[4]. However, there are indications for surgery, one of them being instability which is relatable to this case [5]. Hassan et al reported satisfactory outcome of single stage anterior autogenous iliac bone grafting and instrumentation in lower cervical spine tuberculosis where all patients experienced reduction in pain postoperatively, similarly to this patient [6].

CONCLUSION
One third of world’s burden of tuberculosis are still found in South East Asia [7]. Health providers must have high index of suspicion as clinical presentations of tuberculosis are diverse.

REFERENCES