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Title: Analysis of TB denotifications in North London (2003 – 2012)

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Body: Introduction Diagnosis of TB remains very challenging due to similarities in presentation between TB and several other diseases. The aim of this study was to evaluate the demographics, clinical presentation and outcome in patients diagnosed with TB where this diagnosis was later revised. Method A retrospective review of the case records of all patients diagnosed with TB at Barnet Hospital (2003 - 12), notified to the Health Protection Agency whose diagnosis was later revised was conducted. Analysis included the demographics, clinical presentation, radiology, microbiology results, treatment and eventual clinical outcome. Results From 2003 to 2012 there were 770 TB notifications of which 6.5% (50 cases) were denotified. Analysis of the denotifications showed that the most common site of diagnosis was pulmonary TB (78%). Commonest clinical symptoms were cough (48%) and constitutional disturbance (55%). Inflammatory markers (White Cell Count, CRP, ESR) were elevated in only 35% of patients. TB was suspected on clinical and/or radiological grounds (46% of cases) or microbiology (36%). IGRA and mantoux tests were infrequently used. The average duration of treatment was 58 days and 3 patients completed the full treatment course. The most common revised diagnoses were: Atypical Mycobacteria Infection (21 patients), Lymphoma (4) and Lung Cancer (3) and the remainder a variety of causes. Conclusions TB treatment was frequently started on patients before microbiological confirmation for clinical reasons. Atypical Mycobacterial infection caused the highest number of "false positive" diagnoses. Further studies are needed on how the use of more advanced diagnostic techniques can improve the diagnosis of TB.