We read with great interest the paper by Yadav et al.1 “Total Knee Arthroplasty in a Case of Tuberculosis Knee in Healing Stage: Is It Safe?” Joint replacement in arthritic knees is becoming increasingly popular with improved success and longevity of newer implants due to technical advances. Total knee replacement in a case of tuberculosis knee is not commonly described in the literature, and only a few case series and reports are available. Tubercular infection is difficult to eradicate and recurrence of infection can present as late as 25 years,2,3 so one has to be careful about such occurrences and regularly follow up these patients. The following are my concerns:

- The duration of antitubercular therapy before surgery is not clear from the paper.
- Was any traction applied to the limb to achieve deformity correction while the patient was waiting for surgery? If yes, how much correction was achieved?
- Intraoperative sample was sent only for histopathological analysis. It is a good idea to simultaneously analyze this sample for PCR-based antibiotic resistance tests. If any such tests were performed in the index patients, what was the result?
- It would be interesting to see the preoperative, postoperative and follow-up clinical pictures and follow-up radiographs for the benefit of the readers.
- In the immediate postoperative radiograph, the tibial implant with a stem extender is visible. It would be interesting to know the specific indication for the stem extender in cases with tubercular knee.

Overall, we agree that it is important to identify and treat tuberculosis of the knee joint in endemic countries such as India.

However, the need and justification for knee replacement has to be decided on individual patient basis, and all options should be offered and discussed with the patient and his family. More cases and long-term follow-up need to be described in the literature before joint replacements in bone tuberculosis can be recommended in general.

References