Tuberculosis remains one of the major health problems in the world. With all the advancement in the diagnosis and treatment of this curable disease, the graph is on rise every year¹. Strains of mycobacterium tuberculosis have acquired resistance to various drugs. Resistance to Rifampicin and isoniazid with or without resistance to other drugs, multiple drugs resistance (MDR) which makes treatable cases fatal². The importance of early diagnosis and treatment of tuberculosis cannot be overemphasized in order to reduce morbidity, mortality and spread of infection. Robert Koch discovered the mammalian Tubercle bacilli in 1882. Conventional methods which are in use for diagnosis of tuberculosis for nearly a century include staining and culture of the submitted material. During last two decades diagnosis of tuberculosis has been revolutionized. Many techniques for rapid diagnosis of tuberculosis have been introduced but they have their limitations. Mantoux test is no longer reliable in our environment. PCR although highly sensitive is expensive and relies on sophisticated equipment, needs a clean aseptic surroundings to minimize false positive results with contaminating DNA fragments³. The serological kits currently available, which test for mycobacterium antigens/antibodies, give inconsistent results⁴. Therefore gold standard for the detection of mycobacterium tuberculosis remains isolation of the bacterium and the conventional LJ culture seems to be our only viable choice⁵. Since we are living in an environment of developing drug resistance, early reporting of MTB sensitivities to first and second line drugs is imperative to enable the clinician to make rational therapeutic decision and that can only be done by culture whether that is by conventional LJ media, Bactec or BBL MGIT methods⁶ or by using Luciferase reporter phage and the Bronx box⁷. All other tests may be considered ancillary. Drug sensitivity testing should be reliable, practical and affordable. The major hurdle in diagnosis of Tuberculosis is lack of availability of culture and sensitivity in standard laboratories consequently much of TB diagnosis remains presumptive. Unfortunately sensitivity for mycobacterium tuberculosis is done at only few places in whole of the country despite a number of medical colleges and postgraduate medical institutes. Therefore there is an urgent need to open more laboratories dedicated to culture/sensitivity for mycobacterium tuberculosis, although such laboratories would require significant initial investment, it is suggested that over the time they would prove highly cost effective.

References
1. Khan MH. Tuberculosis need to revitalize its control programme in Pakistan (Editorial); J.C.P.S. 1996; (6) 1-3.